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September 2014 • Vol. 177, No. 3

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Boys Nation delegates joined National Commander Dan Dellinger and National Chaplain Daniel McClure for a wreath-laying at the Tomb of the Unknowns in Arlington, Va., on July 21. Photo by Lucas Carter

For more Boys Nation coverage, including videos and photo galleries, go online.

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The American Legion Magazine, a leader among national general-interest publications, is published monthly by The American Legion for its 2.3 million members. These wartime veterans, working through 14,000 community-level posts, dedicate themselves to God and Country and traditional American values; strong national security; adequate and compassionate care for veterans, their widows and orphans; community service; and the wholesome development of our nation's youth.

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'VA's Series of Unfortunate Events'

What has taken place within VA is an embarrassment for the American public and disgusting for the American veteran (July). These issues have been ongoing, so no magic fix is going to happen overnight. This is not a Republican or Democratic problem, but an American problem. Not since 1975 has the public been more supportive of our servicemembers, and as the article states, those returning from Iraq and Afghanistan need VA's care that much more.

It's past time for finger-pointing and time to help those who deserve it. Sen. Bernie Sanders of Vermont is to be noted for his bill to get things started.

— Roland L. Hainey, Cottonwood Falls, Kan.

I am totally surprised to hear that any U.S. government employee receives a bonus. How long has this been going on?

— William C. Dellinger Jr., Sellersburg, Ind.

This article describes treasonous acts by VA. Our troops were safeguarding the very people given bonuses for denying veterans medical care they needed and earned. If these types of crimes were committed by military personnel, they would have been court-martialed and sent to prison.

— Robert Inabinette, Springville, Calif.

VA is an example of a government-run health-care system full of failures and poor management. The only way to fix the problems is to require that the House and Senate, the president and vice president, the Joint Chiefs of Staff and their immediate families use the VA system for their health care. No "special" entrances (let them drive around to find a parking place), no special doctors. It is guaranteed that the system would be fixed in six months or less.

— Larry Gardner, Albuquerque, N.M.

This is not just a problem that popped up for VA. The system was broken when we returned from Vietnam. It's still broken but has a cleaner image today. Efforts were made to fix the problem then, and all they did was throw money at it. Sadly, I feel that's what they will do again. After all the posturing, there will be no administrators fired and no more staff hired to correct some of VA's biggest problems: getting veterans in for their first appointment so they can at least be entered into the system.

The VA system needs what we used to call in the Navy a "top-down realignment and assessment." In other words, you worked from the report to change what needed changed and replaced those who needed replacing. Those who received bonuses should be let go with no chance to appeal their termination. This is harsh, but it is going to take this type of punishment to let others working in VA know they, too, could be on that short list if they committed some or all of these practices.

— Michael McRae, Elkins, W.Va.



I attended the Legion's town hall meeting in Phoenix in May regarding the allegations against the Phoenix VAMC, and it was a moving experience. National Commander Dan Dellinger and his staff did the right thing by coming to Phoenix to hear testimony from veterans' families about how their loved ones died waiting for care.

In May 2011, I found several errors that the Phoenix VA compensation examiners had made on my disability exams. On one of my compensation exams, it stated that my mother had died in childbirth; she died at 82. This particular mistake prompted me to review all the notes from my 2011 exams. On all four, I found a rash of mistakes and was sent for re-exams. As a result, my appeal – which was remanded to the Phoenix Regional Office in July 2010 – still awaits a decision.

If it is happening to me, it is happening to you. When you get copies of your exams, review the notes and see mistakes, tell an American Legion service officer or any other person who can represent you. Together we can get VA back on track.

– Barbara J. Allison, Mesa, Ariz.

As a cancer patient at both the Lincoln and Omaha, Neb., VA facilities, I was treated with respect and care by the doctors, nurses and everyone else who was involved in my treatment. I know that some VA units are run badly, but most are professionally run and care about our veterans.

– Myron Battles, Pawnee City, Neb.

'The Impatient Electorate'

On one hand, Alan Dowd argues against the repeal of the Affordable Care Act (July), even predicting that repeal is not possible. On the other hand, he says "the rights of the political minority were (are) as sacrosanct as those of the majority."

The proper view of the ACA should include the manner in which it was passed, how it has been implemented and the changes the executive branch has made to it without congressional approval. We can also consider recent court rulings. Most of these difficulties could have been avoided had the rights of the political minority been respected from the beginning of the legislative process.

In the same way that the Prohibition amendment was eventually repealed, the transformation of the ACA will take several election cycles before the rights of the political minority are incorporated into what will become a piece of legislation of which all of us can be proud.

– Ray Badders, Manchester, Md.

The electorate is properly impatient. The current Congress is not doing its job. The people favor a minimum wage increase; Congress has done nothing. The people need the immigration mess cleared up; Congress has done nothing. The people need to have gun murders stopped; in my opinion, Congress is an accomplice to these unnecessary deaths. I could go on. Alan W. Dowd, who usually is right on the mark, missed this one.

– Paul Kessler, Notre Dame, Ind.

Saratoga's final voyage

Regarding the Rapid Fire piece (July), the USS *Saratoga* Association tried to buy the ship for a museum several years ago. As I recall, the cost was several million dollars and we had three years to come up with the funds. DoD cut the time limit short and "sold" the ship for a penny to ESCO Marine, which is scrapping *Saratoga* and likely to make millions. What rocket scientist negotiated this deal?

– Mark S. Merring, Walden, N.Y.

Tinnitus and hearing loss

While reading Tom Philpott's article (Veterans Update, July), I recalled my Navy enlistment hearing test. It was the first time I'd experienced the booth, with headphones, buttons and high- and low-pitched sounds. Upon discharge in 1970, my physical was cursory at best. Most memorable was the hearing test; a doctor or corpsman rubbed his thumb and forefinger next to my ears and asked if I could hear the rubbing sound. I answered in the affirmative and was told, "You're good to go."

– Ron Nanfita, Moodus, Conn.

Upon my return from Iraq in 2009, the Army gave me a hearing test. The clinic indicated that I had suffered hearing loss during my deployment. When I went to VA, they acknowledged that I had tinnitus but did not agree that I had hearing loss. I do not understand why Army hearing standards are different from VA standards; they should be the same.

– Larry A. Wexler, Fort Eustis, Va.

THE AMERICAN LEGION MAGAZINE WELCOMES YOUR OPINIONS

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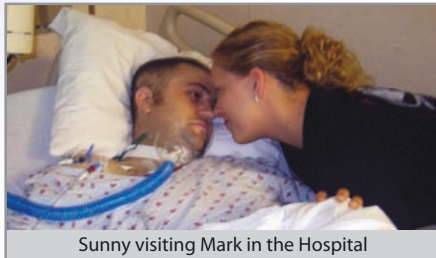
Often Overshadowed, Impossible to Ignore

HEROES WITH HEARING LOSS

By MSgt Sean Lehman, USAF (Ret.)
OEF Afghanistan Veteran

CPT Mark Brogan's Battle with Traumatic Brain Injury and Hearing Loss

Soldiers in a war zone know that their best alarm system is their gut. Call it a sixth sense, instinct or just training; anyone who's ever been in combat understands this sensation and knows you have to react. For Captain Mark Brogan, the extra fraction of a second his combat instincts gave him was the difference between life and death.



Sunny visiting Mark in the Hospital

On April 11, 2006, Captain Brogan was leading a Stryker team as part of a Quick Reaction Force patrolling Al Anbar province, Iraq. Somewhere between Falluja and the Syrian border, Mark and his team found themselves in the unremarkable little village of Rawah along the Euphrates River.

"My platoon sergeant and I both intuitively knew it was way too quiet. Something was wrong. One of my NCO's turned around to say something to me when he noticed a guy run around the corner and put his hand up his shirt. Then he blew up."

The soldier behind Mark was killed instantly. By the time Mark himself landed several feet away, he had a collapsed lung, shrapnel in his spinal cord and brain, and

his arm was almost completely severed. Everyone thought he was dead.

The explosion left Mark with a traumatic brain injury (TBI) followed by years of rehabilitation and therapy. While the brutal nature of the more obvious injuries left him slumped unconscious and dying in Iraq, it was the forewarning trickle of blood coming from his ears that signaled one of the biggest challenges Mark would ever face.

Often overshadowed by the more visible and publicized wounds of war, hearing loss remains the number one service-connected disability for military members returning from Iraq and Afghanistan. In 2011, the Department of Veterans Affairs treated nearly 1.5 million veterans for hearing loss and tinnitus. For combat veterans like Mark, hearing loss is often also intertwined both physically and emotionally with Post Traumatic Stress, TBI or other conditions resulting from their time of service.

Rarely far from Mark's side, Sunny Brogan supports her husband with the kind of love and dedication from which movies are made. "Once the physical issues were gone and it was just the two of us home from the hospital – coping with the anger and the PTS and the hearing loss – that's when I was like, this is going to be really, really hard."

Sunny says support groups and organizations such as the Heroes With Hearing Loss® program provide her and Mark with a community where they can both

share their experiences and learn what has worked for other veterans and their families. "It's amazing for him because he knows other people are going through the same thing."

For Mark, the opportunity to again be part of a military community only reinforces the bond the uniform provides. "Sharing what I've learned with other veterans is extremely important. It's the only way we can address this in the best way. We have to share with each veteran our own experiences."

Mark has overcome incredible odds, but the every day challenges of hearing loss remain. It's the simple things that prove most frustrating, like ordering dinner at a restaurant or talking on the phone. Fortunately, through the Heroes With Hearing Loss program, Mark has discovered some of the latest technology and resources available to assist with the challenges of hearing loss.

"My family used to say, 'why don't you call?' – well, because I can't hear." Now, with the help of a captioned telephone, Mark is able to speak with his family, set up his own VA appointments and more effectively advocate for other veterans.

Even Sunny has seen dramatic improvement in Mark's level of confidence and independence. "I am very proud of Mark. Just the fact that he has come so far and that he has found a purpose helping people with hearing loss and brain injury. He amazes me every day."



Mark and Sunny's story is compelling and just one of many. For more stories, information and insight about the Heroes With Hearing Loss program, please visit our booth at the 2014 American Legion Convention or visit our web site:

HeroesWithHearingLoss.org

As stewards of the Legion's future

"We need to get the younger veterans in here."

I've heard those words often while crisscrossing the country, visiting post after post. Members confide in me their concern about The American Legion's future. They see our World War II and Korean War friends getting older and passing on. They look in the mirror and realize that the Vietnam War wasn't yesterday. The media like to fret, too, that veterans groups are generally in decline. Frankly, the media have been wrongly predicting our demise since the 1930s.

If the past 12 months have shown us anything, however, it's that The American Legion is very much alive, vital and relevant – the largest, strongest and most influential voice for veterans, regardless of war era, in this nation. Our strong stances on the government shutdown, veteran unemployment, mental health, sequestration and VA reform have led to meaningful changes at the highest levels of government. Our voice has also reawakened the national media about the content of this organization's great character. One benefit of increased awareness is that fresh light is now cast upon the Legion, to its next generation of members.

Some 1.4 million members of the armed forces will separate from the service in the next couple of years, joining a population of more than 2.5 million post-9/11 veterans eligible for Legion membership. They are home, or coming home, in search of support and camaraderie befitting their honorable service. Like Legionnaires of war eras past, today's military and veteran families need us. And we need them.

The growing number of college campus posts around the country is a strong indicator that the Legion has much to offer today's young veterans. By starting Legion posts, students have found mentors among veteran faculty on campus, along with advisers, friends and advocates from traditional posts in their communities. Today's young veterans should know we are at work every day on their behalf. No other organization was involved in more veteran career events – more than 1,300 nationwide, at every level from local to national, in 2013 alone. American Legion service officers helped hundreds of thousands of young veterans and their families apply for benefits, and learn about health-care options and other services available to them, one family at a time.

As much as our founders did after coming home from World War I, today's veterans care about the timeless power of the Legion's four pillars of service: veterans affairs, defense, youth and Americanism. There is no age limit on such values. That is why they endure today.

So what do young veterans bring to our posts and programs? Insight, about life in today's military and the challenges of transition to civilian life in the 21st century, for one thing. They bring vibrant new forms of communication and interaction. They bring enthusiasm and spirit.

As a final thought on this amazing year in which I have been honored to serve as your national commander, I implore you to contact, interact, listen, learn and involve today's generation of veterans and their families. Offer them a place in your post because it will soon be their post. And be sure to mention that we're all just stewards of The American Legion, which built its rich history by always looking to the future.




National Commander
Daniel M. Dellinger

MEMORANDA

PATRIOT DAY

Sept. 11 will mark the 13th anniversary of the terrorist attacks that hit New York, Washington and Pennsylvania. American Legion posts across the country will recognize the anniversary with Patriot Day events and ceremonies. Share stories and photos of your post's 9/11 commemoration.

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ANNUAL REPORT

The American Legion's 2014 Annual Report is now available online, illustrating the many ways the Legion made a difference throughout the United States and abroad during the past year.

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"IN YOUR OWN WORDS"

The "In Your Own Words" forum on www.legion.org – where visitors can submit original memoirs, poems, photos, videos, books or links to other sites – is moving to the Legiontown page, along with other content provided by members of the Legion family. All are invited to share their stories, poems and other creative work.

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*The new face of time? Stauer's Compendium Hybrid fuses form and functionality for **UNDER \$30!** Read on...*

Innovation is the path to the future. Stauer takes that seriously. That's why we developed the **Compendium Hybrid**, a stunningly-designed hybrid chronograph with over one dozen analog and digital functions that is more versatile than any watch that we have ever engineered.

New technology usually starts out at astronomical prices and then comes down years later. We skipped that step to allow everyone the chance to experience this watch's brilliant fusion of technology and style. We originally priced the Stauer **Compendium Hybrid** at \$395 based on the market for advanced sports watches... but then stopped ourselves. Since this is no ordinary economy, we decided to offer the **Compendium Hybrid** at 92% off. That means this new technological marvel can be yours for only \$29⁹⁵!

Welcome a new Digital Revolution.

With the release of the dynamic new **Compendium**, those boxy, plastic wrist calculators of the past have been replaced by this luxurious LCD chronograph that is sophisticated enough for a formal evening out, but rugged and tough

enough to feel at home in a cockpit, camping expedition or covert mission.

The watch's extraordinary dial seamlessly blends an analog watch face with a stylish digital display. Three super-bright luminous hands keep time along the inner dial, while a trio of circular LCD windows track the hour, minutes and seconds. An eye-catching digital semi-circle animates in time with the second hand and shows the day of the week. The watch also features a rotating bezel, stopwatch and alarm functions and green electro-luminescence backlight. The **Compendium Hybrid** secures with a rugged stainless steel band and is water-resistant to 3 ATM.

Guaranteed to change the way you look at time. At Stauer, we believe that when faced with an uphill economy, innovation and better value will always provide a much-needed boost. Stauer is so confident of their latest hybrid timepiece



The Compendium: The spectacular face of the latest watch technology.

that we offer a money-back-guarantee. If for any reason you aren't fully impressed by the performance and innovation of the Stauer **Compendium Hybrid** for \$29⁹⁵, simply return the watch within 30 days for a full refund of the purchase price. The unique design of the **Compendium** greatly limits our production, so don't hesitate to order! Remember: progress and innovation wait for no one!

WATCH SPECS:

- Three LCD windows show hour, minute and second
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- 2 year warranty on movement

Offer Limited to First 2500 Respondents

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"Knowing that we're doing good is going to keep me (active in the Legion) forever. That's what it's all about."

JOHN P. "SEAN" POWERS

Working for the New York Police Department in early 2001, Sean Powers knew little about The American Legion. Then a friend who belonged to the former Downtown Athletic Club post invited him to a Fleet Week event in late May.

"I met a lot of great guys (and) thought it was a great event," he recalls.

A few months later, on Sept. 11, terrorists crashed planes into the World Trade Center. Shortly after the attack, Powers' phone began ringing. "Here are guys who I had just met (at the Legion) ... and they are calling through to the aviation unit down at the NYPD," he says. "Not only was there concern for myself and the other guys, but it was also, 'What do you need? What can we do?' It was pretty early in the day, and the only thing we knew (we needed were) gloves and respirators. It must have been two, two-and-a-half hours later I got a call: 'Sean, there's a truck at the gate looking for you.'

"I went out to the gate and found out it was from one of the members of that American Legion post. I don't know how he got it, but there were boxes upon boxes of respirators. Not only the cheap little ones, but the really nice ones – and tons of gloves. Anything from your garden gloves to the real high-end work gloves. It said, 'From your brothers and sisters at the American Legion post.'"

Powers ended up joining the Legion and has served as commander of 9-11 Memorial Post 2001 – the former Downtown Athletic Club post – for 10 years. "What I saw from the guys in this post is what I've come to realize is the norm of The American Legion," he says. "There's a lot of good that the Legion does, and it's really good to give back."

Watch an interview with Sean Powers online:

 www.legion.org/magazine

Photo by Amy C. Elliott

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AMERICAN LEGION POST

9-11 Memorial Post 2001, New York City

YEARS IN THE LEGION 12

VETERANS ACTIVITIES

Post commander, county commander

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Raise the federal minimum wage



SUPPORT

**Sen. Elizabeth Warren,
D-Mass.**

■ Warren is a member of the Senate Committee on Banking, Housing and Urban Affairs.

When I was in junior high, my dad had a heart attack. He was home for a long time. The bills piled up, we lost the family station wagon, and we were on the edge of losing our house. So my mother did what she had to do: she went to work answering phones at Sears. The job paid only minimum wage, but it was enough that we could keep our home.

The story is different for working families today. In the 1960s, a minimum-wage job would keep a family of three afloat. But in 2014, it cannot keep a mother and her baby above the poverty line. This is wrong. No one should work full time and live in poverty.

Right now, the game is rigged against working families. But it doesn't have to be. Raising the hourly minimum wage to \$10.10 would help us lay a stronger foundation to grow the middle class.

Who benefits from a minimum-wage increase? The numbers tell the story: 88 percent of minimum-wage workers are at least 20 years old, and one in four has kids, so at least 14 million children have a parent who would benefit. About 1 million veterans would see their wages rise.

Every time a minimum-wage increase is proposed, some employers claim it will cost jobs. But we've raised it many times through the years without seeing significant job loss. Many academic studies show no loss at all, and some indicate that employers may actually increase hiring when customers – including minimum-wage workers – have more to spend.

Raising the minimum wage is the right thing to do for American families, and it's simply good economics. Fewer people will count on food stamps or other kinds of government assistance to feed their families.



OPPOSE

Sen. Pat Roberts, R-Kan.

■ Roberts is a senior member of the Senate Agriculture Committee.

All too often with the Obama administration, regulations are proposed and the private sector has to simply figure them out. There is little certainty, predictability or cost/benefit analysis.

Recently, I questioned Secretary of Labor

Thomas Perez at a Senate hearing about a minimum-wage increase. I shared the story of a Kansas employer who told me she would have to let people go if forced to raise the minimum wage. She had crunched the numbers, and the answer

was right there in black and white. Someone was going to be out of a job.

In an attempt to answer my question about what he would say to this employer, Perez tried to compare a minimum-wage hike to a smoking ban.

The minimum wage is not a nebulous issue about predicting what smokers will do if they're forced to smoke outside, but a clear-cut business calculation with consequences for our economy, businesses and workers.

All Americans deserve the opportunity to work and climb the ladder of success, especially those who have served our country. Unfortunately, raising the minimum wage will not help those in need. The Congressional Budget Office confirms that doing so is likely to cost over 500,000 jobs.

Employers report that when their costs are arbitrarily increased, they are more likely to seek out experienced workers and less likely to take a chance on young workers. This makes it harder for young workers to get a job, and also hurts veterans who are leaving the military and looking for employment in the civilian world.

As we discuss the minimum wage, we have to consider the challenges faced by U.S. employers as they struggle to grow.

THE HEART OF THE ISSUE

Critics say that boosting the minimum wage to \$10.10 per hour could reduce total U.S. employment, costing up to 500,000 jobs. Supporters say a higher minimum wage would help working families and grow the middle class.

CONTACT YOUR ELECTED OFFICIALS

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Oatmeal with a kick

Health.com has listed 12 surprising sources of caffeine. Among the more unusual hyped-up food choices:

- Sunflower seeds
- Instant oatmeal
- Jerky

Other unexpected caffeine sources include ice cream, weight-loss pills and pain relievers.



Media Bakery

Best scrubs

According to *U.S. News & World Report* and *Pharmacy Times*, these products are pharmacists' recommendations for anti-bacterial soaps, by percentage:

38 Hibiclens

17 Dial

14 Cetaphil

9 Softsoap

7 Purell



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Living Well is designed to provide general information. It is not intended to be, nor is it, medical advice. Readers should consult their physicians when they have health problems.



Media Bakery

FLU FIGHT

BY BETH W. ORENSTEIN

Even if you're healthy, a case of the flu can make you miserable for a week or longer. If you are elderly or have other chronic conditions such as diabetes, asthma, emphysema and heart disease, the flu can be even more dangerous, says Sam Altstein, medical director of Beth Israel Medical Group in New York. It can put you in the hospital and even be deadly.

Here are a few tips to lower your risk of contracting the flu:

Get vaccinated. The Centers for Disease Control and Prevention (CDC) urges those 6 months and older to get the current season's flu vaccine as soon as it's available, usually in September. Those who work in health care or are around sick patients, children or the elderly especially should be vaccinated, says Justin Young, a physician with AFC/Doctors Express in Santa Clarita, Calif. "Also, if you work in retail and come in contact with a lot of people during flu season," it's a good idea.

It's best to get the vaccine at the start of the flu season, which can begin as early as October. Seasonal flu mostly peaks in January or February, and you can still be vaccinated then. It takes about two weeks to develop the antibodies that will protect you. Even if you are vaccinated, you still can get the flu. But your symptoms will not be as intense, Young says.

Watch what you touch. Flu viruses spread mainly from person to person when someone coughs, sneezes or talks. The germs can land on a doorknob, telephone or keyboard. By touching something that someone with the flu has just touched and unknowingly touching your mouth, eyes or nose, you can get their germs. Try not to touch your eyes, nose or mouth when you are in public or have come in contact with someone who is sick. Also, clean and disinfect surfaces and objects that someone with the flu could have contaminated.

See **FLU** on page 18

MY NAME IS

M-I-K-E

AND I HAVE

C-O-P-D

AND I TAKE

B-R-E-O



BREO ELLIPTA can help improve your breathing.

- Once-daily BREO helps increase airflow from the lungs for a full 24 hours. Your results may vary.
- In patients with a history of COPD flare-ups, BREO helps reduce the risk of future flare-ups. This is when symptoms are worse for several days and require steroids (oral or injectable), antibiotics, and/or a hospital stay. BREO is not for use to treat sudden symptoms of COPD and won't replace a rescue inhaler.

Talk to your doctor about BREO, and visit myBREO.com or call 1-800-600-BREO (2736) to get your first full prescription free.*

(COPD is Chronic Obstructive Pulmonary Disease)

APPROVED USES

BREO ELLIPTA is approved for adults with chronic obstructive pulmonary disease (COPD), including chronic bronchitis, emphysema, or both. BREO ELLIPTA is a prescription medicine that is used long term as 1 inhalation 1 time each day to improve symptoms of COPD for better breathing and to reduce the number of flare-ups (the worsening of your COPD symptoms for several days). BREO is not for use to treat sudden symptoms of COPD and won't replace a rescue inhaler. BREO is not for the treatment of asthma.

IMPORTANT SAFETY INFORMATION

- **BREO ELLIPTA is only approved for use in COPD. BREO is NOT approved for use in asthma.**
- **People with asthma who take long-acting beta₂-adrenergic agonist (LABA) medicines, such as vilanterol (one of the medicines in BREO), have an increased risk of death from asthma problems. It is not known if LABA medicines increase the risk of death in people with COPD.**
- **Call your healthcare provider if breathing problems worsen over time while using BREO.**
- **Get emergency medical care if** your breathing problems worsen quickly, or if you use your rescue inhaler but it does not relieve your breathing problems.
- **Do not use BREO to treat sudden symptoms of COPD.** Always have a rescue inhaler with you to treat sudden symptoms.
- **BREO is not for the treatment of asthma. It is not known if BREO is safe and effective in people with asthma.**
- Do not use BREO if you have severe allergy to milk proteins or any of the ingredients in BREO. Ask your healthcare provider if you are not sure.
- **Do not** use BREO more often than prescribed.
- **Do not take BREO with other medicines that contain a LABA for any reason. Tell your healthcare provider about all the medicines you take and about all of your health conditions.**
- **BREO can cause serious side effects, including:**
 - **pneumonia.** People with COPD have a higher chance of getting pneumonia. BREO may increase the chance of getting pneumonia. Call your healthcare provider if you notice any of the following symptoms: increase in mucus (sputum) production; change in mucus color; fever; chills; increased cough; increased breathing problems
 - **thrush (fungal infection) in mouth and/or throat.** You may develop a yeast infection (*Candida albicans*) in your mouth or throat. Rinse your mouth with water without swallowing after use to help prevent thrush in your mouth and throat.
 - **serious allergic reactions.** Call your healthcare provider or get emergency medical care if you get any of the following symptoms of a serious allergic reaction: rash; hives; swelling of the face, mouth, and tongue; breathing problems

BREO[®] ELLIPTA[®]
(fluticasone furoate 100 mcg and vilanterol 25 mcg inhalation powder)



(serious side effects, cont'd)

- **sudden breathing problems immediately after inhaling your medicine**
- **effects on heart:** increased blood pressure; a fast and/or irregular heartbeat; chest pain
- **effects on nervous system:** tremor; nervousness
- **reduced adrenal function.** This can happen when you stop taking an oral corticosteroid (such as prednisone) and start taking a medicine containing an inhaled corticosteroid (such as BREO). Symptoms include: feeling tired; lack of energy; weakness; nausea and vomiting; low blood pressure.
- **changes in laboratory blood values (sugar, potassium)**
- **weakened immune system and increased chance of getting infections (immunosuppression).** You should avoid exposure to chickenpox and measles, and, if exposed, consult your healthcare provider without delay. Worsening of existing tuberculosis, fungal, bacterial, viral, or parasitic infections, or herpes infection of the eye (ocular herpes simplex) may occur.
- **bone thinning or weakness (osteoporosis)**
- **eye problems including glaucoma and cataracts.** You should have regular eye exams while using BREO.
- **Common side effects of BREO include:**
 - runny nose and sore throat
 - upper respiratory tract infection
 - headache
 - thrush in mouth and/or throat. Rinse your mouth without swallowing after use to help prevent this

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

*Restrictions apply. See myBREO.com for eligibility rules.

Please see Brief Summary of Prescribing Information for BREO ELLIPTA on adjacent pages.

BREO ELLIPTA was developed in collaboration with **Theravance**



GSK for you

If you don't have prescription coverage and can't afford your medicines, visit GSKforyou.com or call **1-866-GSK-FOR-U** (1-866-475-3678)

BREO® ELLIPTA®
(fluticasone furoate 100 mcg and
vilanterol 25 mcg inhalation powder) **BRIEF SUMMARY**

Read the Medication Guide that comes with BREO ELLIPTA (*BREE-oh-ee-LIP-ta*) before you start using it and each time you get a refill. There may be new information. This summary does not take the place of talking to your healthcare provider about your medical condition or treatment.

What is the most important information I should know about BREO ELLIPTA?

BREO ELLIPTA is only approved for use in chronic obstructive pulmonary disease (COPD). BREO ELLIPTA is NOT approved for use in asthma.

BREO ELLIPTA can cause serious side effects, including:

- **People with asthma who take long-acting beta₂-adrenergic agonist (LABA) medicines, such as vilanterol (one of the medicines in BREO ELLIPTA), have an increased risk of death from asthma problems.** It is not known whether fluticasone furoate, the other medicine in BREO ELLIPTA, reduces the risk of death from asthma problems seen with LABA medicines.
- **It is not known if LABA medicines, such as vilanterol (one of the medicines in BREO ELLIPTA), increase the risk of death in people with COPD.**
- **Call your healthcare provider if breathing problems worsen over time while using BREO ELLIPTA.** You may need different treatment.
- **Get emergency medical care if:**
 - your breathing problems worsen quickly
 - you use your rescue inhaler, but it does not relieve your breathing problems.

What is BREO ELLIPTA?

BREO ELLIPTA combines an inhaled corticosteroid (ICS) medicine, fluticasone furoate, and a LABA medicine, vilanterol.

- ICS medicines, such as fluticasone furoate (one of the medicines in BREO ELLIPTA), help to decrease inflammation in the lungs. Inflammation in the lungs can lead to breathing problems.
- LABA medicines, such as vilanterol (one of the medicines in BREO ELLIPTA), help the muscles around the airways in your lungs stay relaxed to prevent symptoms such as wheezing, cough, chest tightness, and shortness of breath. These symptoms can happen when the muscles around the airways tighten. This makes it hard to breathe.

BREO ELLIPTA is used for COPD. COPD is a chronic lung disease that includes chronic bronchitis, emphysema, or both. BREO ELLIPTA is a prescription medicine that is used long term as 1 inhalation 1 time each day to improve symptoms of COPD for better breathing and to reduce the number of flare-ups (the worsening of your COPD symptoms for several days).

- **BREO ELLIPTA is not for use to treat sudden symptoms of COPD.** Always have a rescue inhaler (an inhaled, short-acting bronchodilator) with you to treat sudden symptoms. If you do not have a rescue inhaler, contact your healthcare provider to have one prescribed for you.
- **BREO ELLIPTA is not for the treatment of asthma. It is not known if BREO ELLIPTA is safe and effective in people with asthma.**
- BREO ELLIPTA should not be used in children. It is not known if BREO ELLIPTA is safe and effective in children.

Who should not use BREO ELLIPTA?

Do not use BREO ELLIPTA if you:

- have a severe allergy to milk proteins. Ask your healthcare provider if you are not sure.
- are allergic to fluticasone furoate, vilanterol, or any of the ingredients in BREO ELLIPTA. See "What are the ingredients in BREO ELLIPTA?" below for a complete list of ingredients.

What should I tell my healthcare provider before using BREO ELLIPTA?

Tell your healthcare provider about all of your health conditions, including if you:

- have heart problems
- have high blood pressure
- have seizures
- have thyroid problems
- have diabetes
- have liver problems
- have weak bones (osteoporosis)
- have an immune system problem
- have eye problems such as glaucoma or cataracts
- are allergic to any of the ingredients in BREO ELLIPTA, any other medicines, or food products. See "What are the ingredients in BREO ELLIPTA?" below for a complete list of ingredients.
- have any type of viral, bacterial, or fungal infection
- are exposed to chickenpox or measles or have been around anyone who has chickenpox or measles
- have any other medical conditions
- are pregnant or planning to become pregnant. It is not known if BREO ELLIPTA may harm your unborn baby.
- are breastfeeding. It is not known if the medicines in BREO ELLIPTA pass into your milk and if they can harm your baby.

Tell your healthcare provider about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal supplements. BREO ELLIPTA and certain other medicines may interact with each other. This may cause serious side effects. Especially, tell your healthcare provider if you take antifungal or anti-HIV medicines.

Know the medicines you take. Keep a list of them to show your healthcare provider and pharmacist when you get a new medicine.

How should I use BREO ELLIPTA?

Read the step-by-step instructions for using BREO ELLIPTA in the Medication Guide.

- **Do not** use BREO ELLIPTA unless your healthcare provider has taught you how to use the inhaler and you understand how to use it correctly.
- Use BREO ELLIPTA exactly as prescribed. **Do not** use BREO ELLIPTA more often than prescribed.
- Use 1 inhalation of BREO ELLIPTA 1 time each day. Use BREO ELLIPTA at the same time each day.
- If you miss a dose of BREO ELLIPTA, take it as soon as you remember. Do not take more than 1 inhalation per day. Take your next dose at your usual time. Do not take 2 doses at one time.
- If you take too much BREO ELLIPTA, call your healthcare provider and get medical help right away if you have any unusual symptoms, such as worsening shortness of breath, chest pain, increased heart rate, or shakiness.
- **Do not use other medicines that contain a LABA for any reason.** Ask your healthcare provider or pharmacist if any of your other medicines are LABA medicines.
- Do not stop using BREO ELLIPTA unless told to do so by your healthcare provider because your symptoms might get worse. Your healthcare provider will change your medicines as needed.
- **BREO ELLIPTA does not relieve sudden symptoms.** Always have a rescue inhaler with you to treat sudden symptoms. If you do not have a rescue inhaler, call your healthcare provider to have one prescribed for you.
- Call your healthcare provider or get medical care right away if:
 - your breathing problems get worse
 - you need to use your rescue inhaler more often than usual
 - your rescue inhaler does not work as well to relieve your symptoms
 - you need to use 4 or more inhalations of your rescue inhaler in 24 hours for 2 or more days in a row
 - you use 1 whole canister of your rescue inhaler in 8 weeks

What are the possible side effects with BREO ELLIPTA?

BREO ELLIPTA can cause serious side effects, including:

- **See "What is the most important information I should know about BREO ELLIPTA?"**
- **pneumonia.** People with COPD have a higher chance of getting pneumonia. BREO ELLIPTA may increase the chance of getting pneumonia. Call your healthcare provider if you notice any of the following symptoms:
 - increase in mucus (sputum) production
 - change in mucus color
 - fever
 - chills
 - increased cough
 - increased breathing problems

(Continued on the next page)

BREO[®] ELLIPTA[®]
(fluticasone furoate 100 mcg and
vilanterol 25 mcg inhalation powder)

BRIEF SUMMARY (cont'd)

(serious side effects, cont'd)

- **thrush (fungal infection) in mouth and throat.** You may develop a yeast infection (*Candida albicans*) in your mouth or throat. Rinse your mouth with water without swallowing after using BREO ELLIPTA to help prevent thrush in your mouth and throat.
- **serious allergic reactions.** Call your healthcare provider or get emergency medical care if you get any of the following symptoms of a serious allergic reaction:
 - rash
 - swelling of the face, mouth, and tongue
 - hives
 - breathing problems
- **sudden breathing problems immediately after inhaling your medicine**
- **effects on heart**
 - increased blood pressure
 - a fast and/or irregular heartbeat
 - chest pain
- **effects on nervous system**
 - tremor
 - nervousness
- **reduced adrenal function (adrenal insufficiency).** Adrenal insufficiency is a condition in which the adrenal glands do not make enough steroid hormones. This can happen when you stop taking oral corticosteroid medicines (such as prednisone) and start taking a medicine containing an inhaled corticosteroid (such as BREO ELLIPTA). When your body is under stress from fever, trauma (such as a car accident), infection, surgery, or worse COPD symptoms, adrenal insufficiency can get worse and may cause death. Symptoms of adrenal insufficiency include:
 - feeling tired (fatigue)
 - nausea and vomiting
 - lack of energy
 - low blood pressure
 - weakness
- **changes in laboratory blood values (sugar, potassium)**
- **weakened immune system and increased chance of getting infections (immunosuppression)**
- **bone thinning or weakness (osteoporosis)**
- **eye problems including glaucoma and cataracts.** You should have regular eye exams while using BREO ELLIPTA.

Common side effects of BREO ELLIPTA include:

- runny nose and sore throat
- upper respiratory tract infection
- headache
- thrush in the mouth and/or throat. Rinse your mouth without swallowing after use to help prevent this.

Tell your healthcare provider about any side effect that bothers you or that does not go away.

These are not all the side effects with BREO ELLIPTA. Ask your healthcare provider or pharmacist for more information.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What are the ingredients in BREO ELLIPTA?

Active ingredients: fluticasone furoate, vilanterol

Inactive ingredients: lactose monohydrate (contains milk proteins), magnesium stearate

Ask your healthcare provider or pharmacist for additional information about BREO ELLIPTA. You can also contact the company that makes BREO ELLIPTA (toll free) at 1-888-825-5249 or at www.myBREO.com.

BREO and ELLIPTA are trademarks of GlaxoSmithKline.
BREO ELLIPTA was developed in collaboration with **Theravance**

gsk GlaxoSmithKline

GlaxoSmithKline
Research Triangle Park, NC 27709

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May 2013

BRE:1MG

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Nutrition on a budget

There are many ways to save money while trying to improve your health. Cutting coupons and making purchases based on weekly sales will lower your grocery bill, while filling your cart with nutrient-rich, economical options will ensure you get the biggest health bang for your buck. The following tips will help trim your budget and your waistline:

■ **Cut back on meat and poultry, opting instead for less expensive protein sources such as canned tuna, dried or canned beans, peanut butter or eggs.**

■ **Fill up on frozen vegetables and fruits, which cost less but still have the same nutritional quality as fresh. They are also less prone to spoiling.**

■ **Perk up foods with nutritious seasonings such as fresh garlic, ginger, cilantro or basil.**

A study comparing the cost of various vegetables vs. their nutrient content for protein, fiber and key vitamins and minerals concluded that sweet potatoes, white potatoes, tomato juices, tomato soups, carrots and broccoli are the biggest nutrition bargains.

Some simple meal ideas at less than \$2 per serving include:

■ **A baked potato topped with canned tuna and a sprinkle of Parmesan cheese**

■ **2 tablespoons of peanut butter on whole grain toast, served with baby carrots**

■ **Tomato soup mixed with frozen broccoli and chopped garlic**

— Michelle Gibeault Traub



FLU continued from page 14

Wash your hands often. Soap and water are fine, Young says. If you do not have access to a sink, use hand rub or hand sanitizer. Wash your hands before, during and after preparing food and eating, using the toilet and touching garbage. Rinse, lather up and scrub for at least 20 seconds.

Cover up. Cover your nose and mouth with a tissue when you cough or sneeze. If you don't have a tissue handy, cough or sneeze into the crease of your elbow rather than your hand, so as not to spread germs.

Stay away. If you do not feel well, stay home. Also, try to avoid contact with people you know are sick or have the flu.

See your health-care provider.

If you develop flu symptoms – fever, cough, sore throat, headache, stuffy nose, chills, body aches, fatigue – get medical attention. If your flu started in the past 48 hours, your health-care provider may give you antiviral drugs such as Tamiflu, Altstein says. Taken as directed, antiviral drugs can shorten the time you are sick and may prevent complications that can become serious.

“Also, be sure to rest, drink plenty of fluids and monitor yourself for improvement,” Altstein says.

Beth W. Orenstein is a freelance medical writer living in Northampton, Pa.



Media Bakery

A bigger world

Almost a third of the world's population is now significantly overweight, according to a new study by the Institute for Health Metrics and Evaluation at the University of Washington (UW).

Researchers found that more than 2 billion people are overweight or obese, CBS News reports, citing the study. The highest rates were in the Middle East and North Africa, where nearly 60 percent of men and 65 percent of women are heavy.

However, Americans account for 13 percent of the world's overweight – the highest percentage of

any country.

According to the CDC, “the key to achieving and maintaining a healthy weight isn't about short-term dietary changes. It's about a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.”

 cdc.gov/healthyweight/index.html



Media Bakery

Fall allergies and your eyes

As fall approaches, many people wonder why they're still suffering from allergies. The main culprit is ragweed, a yellow-flowering plant found across the country that can produce up to a billion grains of pollen a season.

Eye allergies occur when your immune system overreacts to usually harmless airborne substances, such as pollen. This overreaction releases a chemical called histamine, which can cause swollen eyelids and blurry vision.

Gary Heiting, senior editor at AllAboutVision.com, suggests the following tips to help with fall eye allergies:

- See your eye doctor before symptoms start to learn how to reduce your sensitivity to allergens.
- Don't rub your eyes if they itch. This will release more histamine and make your symptoms worse.
- Use plenty of artificial tears to wash airborne allergens from your eyes. Ask your eye doctor for the best brands.
- If you wear contact lenses, consider switching to eyeglasses until your symptoms subside.



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Report blasts VHA's 'corrosive culture'

BY TOM PHILPOTT

With the Veterans Health Administration (VHA) besieged by critical news reports and multiple investigations into patients' deaths during long waits for care, hidden wait lists and manipulated appointment times to ensure staff performance bonuses, President Obama in May tasked his deputy chief of staff, Rob Nabors, to take a fresh look at VHA and its troubles.

Nabors, a former deputy director of the Office of Management and Budget and son of a retired Army major general, delivered his report in late June. It confirmed widespread management problems, abusive scheduling practices across health-care facilities, and a "corrosive culture" that had lowered morale and led to delays in health-care delivery.

Nabors' findings and recommendations, which centered on strengthening management and holding leaders accountable, drew praise from Republicans and Democrats alike in Congress.

"It appears the White House has finally come to terms with the serious and systemic VA health-care problems we've been investigating and documenting for years," said Rep. Jeff Miller, R-Fla., chairman of the House Committee on Veterans' Affairs. "We stand ready to work with stakeholders inside and outside the administration" to improve services and bring "real accountability and efficiency to the department."

Senate Committee on Veterans' Affairs Chairman Bernie Sanders, I-Vt., called Nabors' report "excellent," particularly its call for greater transparency and accountability. As the patient load and complexity of cases increase, "VA must be honest and straightforward about its needs in terms of additional doctors, nurses, other medical personnel and facilities," he added.

Nabors found a lack of honesty, which he blamed in part on VHA replacing in 2011 a 30-day standard, set in 1995 for scheduling primary care

and specialty care medical appointments, with a new 14-day goal which was "arbitrary, ill-defined and misunderstood."

Because VHA made the 14-day goal a performance measure for bonuses, it "may have created an incentive for employees to try to reduce a number over which they personally had very little direct control," Nabors wrote. Schedulers or

managers manipulated data to make it appear that veterans received more timely care than they did.

VHA tightened its scheduling goal a year after its deputy undersecretary for health operations and management, William Schoenhard, warned network directors that some of their staffs were manipulating dates so reported wait times would be lower than veterans actually experienced.

VHA has removed the 14-day goal from employee evaluations and stopped "managing to the metric," a senior health-care official said. Adoption of that goal likely reflected a mindset

that "setting bold goals was a good thing to do for an agency. But in retrospect, (because) we didn't change the resourcing level with the performance requirement, that was a mistake."

According to Nabors' report, VHA should be restructured and reformed so that decision-making and outcomes are more transparent and managers are more accountable. VA providing care across 1,700 sites to almost 9 million veterans annually "makes communication to and from (the) central office all the more critical."

Nabors also noted that a quarter of all whistleblower cases under review at the U.S. Office of Special Counsel, an agency created to protect federal employees' rights, came from VA. The number "reflects the palpable level of frustration at the local, regional and national levels."

Tom Philpott has been covering military personnel and veterans issues for 30 years.



Rob Nabors, the president's deputy chief of staff, says VA's poor management and communication structures create widespread distrust. AP

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A homeless man peeks through the opening of his makeshift shelter made of cardboard boxes in the Skid Row area of Los Angeles.

AP / Jae C. Hong



BETRAYED

In West Los Angeles, VA is leasing property to private businesses as mentally disabled veterans languish in the streets.

BY KEN OLSEN

OF all of the egregious cases involving homeless veterans in Los Angeles, one stands out for attorney Mark Rosenbaum.

VA police arrested a homeless Vietnam War veteran they caught taking food from a trash bin on the West Los Angeles VA campus. Although clearly mentally disabled – the veteran had suffered a head injury after falling out of a helicopter – VA cops didn’t extend a helping hand. Instead, they gave him a citation for stealing government property. He paid the \$1,000 fine by collecting aluminum cans.

At a time when veterans are dying in the nation’s streets in greater numbers than they died at war in Iraq or Afghanistan, VA is not only turning its back on mentally disabled veterans in Los Angeles but actively punishing them, homeless advocates say. It’s especially appalling considering that the West Los Angeles VA campus was built on land given to the federal government for the express purpose of housing disabled veterans.

Not only did VA stop allowing veterans to live there, it turned more than 100 acres of the property into a leasing enterprise for everything from a dog park to charter bus storage, a private

school’s athletic center and a hotel chain’s laundry – not to mention the UCLA baseball stadium. And VA is fighting a federal judge’s order prohibiting such deals.

“They have treated these veterans as a nuisance to be ignored,” says Rosenbaum, who is part of a coalition suing to force VA to honor its legal obligation to house veterans at the West Los Angeles VA. “You are better off being a piece of (Marriott’s) laundry.”

VA’s antipathy toward chronically homeless veterans in West Los Angeles is especially striking given the Obama administration’s vow to end homelessness among former servicemembers by 2015. That seems impossible as long as VA denies permanent supportive housing for mentally disabled veterans in the homeless-veteran capital of the United States.

“This really isn’t a Los Angeles story, it’s a national story,” says UCLA law professor emeritus Gary Blasi, who has worked on homeless issues for 40 years. “One in every eight homeless veterans in the country lives in Los Angeles County. And Los Angeles is farthest behind any VA jurisdiction in doing what needs to be done.”

Healing acres The problem comes down to real estate. The West Los Angeles VA is adjacent to the exclusive Brentwood and Westwood communities. “Serving the needs of veterans became subservient to the interest of homeowners and real-estate people on this side of town,” Blasi says.

No one imagined this conflict when a U.S. senator and a Los Angeles businessman donated 387 acres to the federal government in 1888 with the stipulation that the land be used to “permanently maintain a national home for disabled volunteer soldiers.” The Pacific Branch of the National Veterans Home opened later that year with about 1,000 veterans in temporary quarters. The federal government added a hospital and permanent housing. A post office, churches, theaters and a 10,000-volume library followed. Veterans tended gardens, put on plays and rode the trolley to Santa Monica beaches. By 1922, West Los Angeles was home to about 4,000 veterans. “People had lives,” Rosenbaum says, “and they healed.”

The Pacific Veterans Home eventually became part of VA, but the agency quietly stopped accepting new residents in the late 1960s or early 1970s as a swell of Vietnam War veterans appeared and upscale neighborhoods grew up around the West Los Angeles VA. The war’s unpopularity gave west-side interests political cover.

“There was hostility misdirected to Vietnam veterans coming back,” Blasi says. “It certainly made it easier for people developing property around the West Los Angeles campus to apply pressure to decrease the number of veterans living there.”

Sensing opportunity when the government-downsizing Congress came to power in the mid-1990s, private developers wanted to purchase the West Los Angeles VA and build another Century City shopping center, a behemoth Los Angeles complex with nearly 900,000 square feet of retail space. West-side political forces killed that deal as well. “The only thing Brentwood people hate more than homeless people,” Blasi says, “is traffic.”

VA has since leased ground to private companies. Details are sketchy, and VA has never fully disclosed the terms of the leases or how it spends the proceeds. “There has been no public accounting of any of that revenue,” says Melissa Tyner, who runs a legal clinic for homeless female veterans for the Inner City Law Center. And VA has stymied efforts to get those details, even in court.

VA referred all questions for this story to the Justice Department, citing ongoing litigation. That department also declined to comment.

Skid Row Without access to housing at the West Los Angeles VA, mentally disabled veterans have been effectively pushed to the streets. Thousands subsist on Skid Row, 50 square blocks of downtown Los Angeles where the city has tried to contain its homeless population for 40 years. It is the greatest concentration of poverty west of the Mississippi, says Adam Murray, executive director of the Inner City Law Center.

About 1,000 people sleep under a crazy quilt of tarps, blankets, cardboard and tents on Skid Row sidewalks. Some 4,000 live in shelters or other short-term housing, and another 6,000 live in single-room occupancy hotels that date back to the arrival of the Union Pacific Railroad more than a century ago, Murray says.

The police presence is intense, and citations for minor infractions are common, Tyner adds.

The closure of West Los Angeles VA housing also meant that scores of mentally disabled veterans don’t have meaningful access to VA health care, mental health counseling and other services.

“The class of individuals we represent are mentally impaired homeless veterans with serious needs whose very life is being threatened by this lack of service,” says Ron Olson, a prominent Los Angeles attorney who became involved with the case in part because of his admiration for his uncle, who fought from Iwo Jima to the Philippines then struggled to reintegrate when he returned from World War II. “Too many are self-medicating themselves to more serious illness and even death.”

And their numbers will increase given the injuries prevalent among Iraq and Afghanistan veterans. “The number of people coming back and becoming chronically homeless increased 640 percent from 2006 to 2012,” Blasi says. “There’s no reason to think it won’t continue to rise quite dramatically, and at a higher rate than expected, because of the rate of traumatic brain injuries and PTSD that VA and the military are finding among these vets.”

Send in the vouchers VA has increased the number of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) vouchers that veterans can use to rent apartments. That helps former servicemembers who are capable of finding their own housing and don’t have pressing health-care needs. But because of their injuries, it’s extremely difficult for mentally disabled veterans to negotiate the bureaucratic hurdles to get connected to VA benefits, much less

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What is the most important information I should know about ELIQUIS (apixaban)?

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ELIQUIS can cause bleeding which can be serious, and rarely may lead to death. This is because ELIQUIS is a blood thinner medicine that reduces blood clotting.

You may have a higher risk of bleeding if you take ELIQUIS and take other medicines that increase your risk of bleeding, such as aspirin, nonsteroidal anti-inflammatory drugs (called NSAIDs), warfarin (COUMADIN®), heparin, selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs), and other medicines to help prevent or treat blood clots.

Tell your doctor if you take any of these medicines. Ask your doctor or pharmacist if you are not sure if your medicine is one listed above.

While taking ELIQUIS:

- you may bruise more easily
- it may take longer than usual for any bleeding to stop

Call your doctor or get medical help right away if you have any of these signs or symptoms of bleeding when taking ELIQUIS:

- unexpected bleeding, or bleeding that lasts a long time, such as:
 - unusual bleeding from the gums
 - nosebleeds that happen often

- menstrual bleeding or vaginal bleeding that is heavier than normal
- bleeding that is severe or you cannot control
- red, pink, or brown urine
- red or black stools (looks like tar)
- cough up blood or blood clots
- vomit blood or your vomit looks like coffee grounds
- unexpected pain, swelling, or joint pain
- headaches, feeling dizzy or weak

ELIQUIS (apixaban) is not for patients with artificial heart valves.

Spinal or epidural blood clots or bleeding (hematoma).

People who take a blood thinner medicine (anticoagulant) like ELIQUIS, and have medicine injected into their spinal and epidural area, or have a spinal puncture have a risk of forming a blood clot that can cause long-term or permanent loss of the ability to move (paralysis). Your risk of developing a spinal or epidural blood clot is higher if:

- a thin tube called an epidural catheter is placed in your back to give you certain medicine
- you take NSAIDs or a medicine to prevent blood from clotting
- you have a history of difficult or repeated epidural or spinal punctures
- you have a history of problems with your spine or have had surgery on your spine

If you take ELIQUIS and receive spinal anesthesia or have a spinal puncture, your doctor should watch you closely for symptoms of spinal or epidural blood clots or bleeding. Tell your doctor right away if you have tingling, numbness, or muscle weakness, especially in your legs and feet.

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Who should not take ELIQUIS (apixaban)?

Do not take ELIQUIS if you:

- currently have certain types of abnormal bleeding
- have had a serious allergic reaction to ELIQUIS. Ask your doctor if you are not sure

What should I tell my doctor before taking ELIQUIS?

Before you take ELIQUIS, tell your doctor if you:

- have kidney or liver problems
- have any other medical condition
- have ever had bleeding problems
- are pregnant or plan to become pregnant. It is not known if ELIQUIS will harm your unborn baby
- are breastfeeding or plan to breastfeed. It is not known if ELIQUIS passes into your breast milk. You and your doctor should decide if you will take ELIQUIS or breastfeed. You should not do both

Tell all of your doctors and dentists that you are taking ELIQUIS. They should talk to the doctor who prescribed ELIQUIS for you, before you have **any** surgery, medical or dental procedure.

Tell your doctor about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Some of your other medicines may affect the way ELIQUIS works. Certain medicines may increase your risk of bleeding or stroke when taken with ELIQUIS.

How should I take ELIQUIS?

Take ELIQUIS exactly as prescribed by your doctor. Take ELIQUIS twice every day with or without food, and do not change your dose or stop taking it unless your doctor tells you to. If you miss a dose of ELIQUIS, take it as soon as you remember, and do

not take more than one dose at the same time. **Do not run out of ELIQUIS (apixaban). Refill your prescription before you run out.** When leaving the hospital following hip or knee replacement, be sure that you will have ELIQUIS available to avoid missing any doses. **If you are taking ELIQUIS for atrial fibrillation, stopping ELIQUIS may increase your risk of having a stroke.**

What are the possible side effects of ELIQUIS?

- See “What is the most important information I should know about ELIQUIS?”
- ELIQUIS can cause a skin rash or severe allergic reaction. Call your doctor or get medical help right away if you have any of the following symptoms:
 - chest pain or tightness
 - swelling of your face or tongue
 - trouble breathing or wheezing
 - feeling dizzy or faint

Tell your doctor if you have any side effect that bothers you or that does not go away.

These are not all of the possible side effects of ELIQUIS. For more information, ask your doctor or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

This is a brief summary of the most important information about ELIQUIS. For more information, talk with your doctor or pharmacist, call 1-855-ELIQUIS (1-855-354-7847), or go to www.ELIQUIS.com.

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The West LA VA footprint

In 1888, a U.S. senator and a Los Angeles businessman donated 387 acres to the federal government to “permanently maintain a national home for disabled volunteer soldiers.” The Pacific Branch of the National Veterans Home opened later that year. VA, which took over the property in the 1930s, stopped housing veterans during the Vietnam War.



- 1** UCLA’s baseball team leases the Jackie Robinson Stadium for \$5,000 a month – the price of a two-bedroom apartment in West Los Angeles. After a federal judge told VA to terminate the lease, UCLA protested, saying its ball team is in danger of becoming homeless.



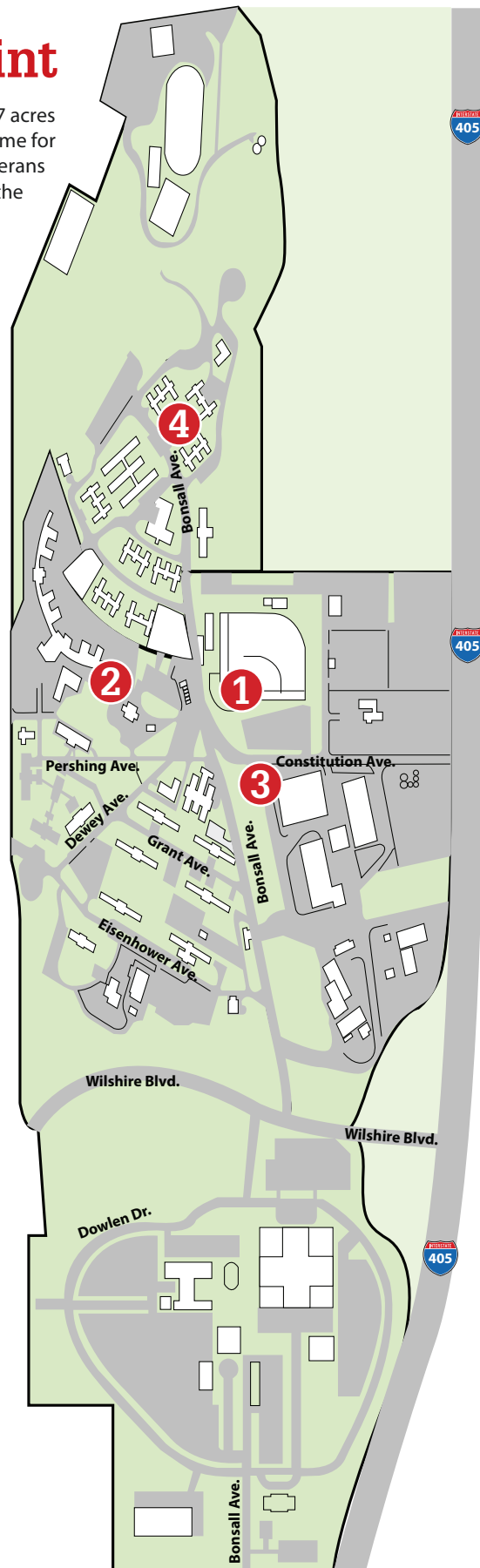
- 2** The sparsely occupied California state veterans home is the only facility on the West LA VA campus that provides permanent housing – primarily to geriatric veterans.



- 3** The Sodexho Marriott laundry facility was closed after a federal judge ruled last fall that VA couldn’t legally lease the land for a luxury hotel laundry.



- 4** Decades after the West Los Angeles VA stopped providing permanent housing to veterans, it is converting one of more than 100 vacant buildings to transitional housing for a limited group.





Carolina Winston Barrie, a descendant of the family that donated 387 acres to the federal government for veterans housing, shakes hands with veteran J.J. Asevedo following a news conference to announce a lawsuit alleging misuse of the land in 2011. AP / Reed Saxon

apply for a HUD-VASH voucher or find permanent housing.

“Imagine living on the street, trying on a daily basis to have your basic needs met, dealing with mental health issues and trying to get services from very entrenched and backward bureaucracies,” Tyner says. “It’s impossible.”

HUD-VASH vouchers also isolate homeless Los Angeles veterans from the VA services they desperately need, she continues. That’s because the vouchers don’t cover the high price of an apartment near the West Los Angeles VA, where there’s a huge hospital, a polytrauma center, a domiciliary, mental health counseling, dental care and other services that were easily accessible when veterans were allowed to live on the campus. Instead, voucher-dependent veterans have to live miles from the campus and deal with the city’s complex bus system if they want to get to the West Los Angeles VA. Based on her experience working with veterans with significant mental disabilities, having to take even one bus greatly diminishes the chances a mentally disabled individual will connect to care, Tyner says.

“You might as well give them a ticket to the moon,” Rosenbaum adds.

VA does lease a few buildings on the West Los

Angeles campus to nonprofit groups that provide transitional housing. The capacity is limited and veterans have to be clean and sober to qualify – which excludes the veterans most in need of help.

Proven solution The most effective solution is to “put them in permanent supportive housing without conditions and then support their recovery,” Blasi says. People who work for VA have done much of the research that validates this approach, known as Housing First. “It has been ignored by the people in Los Angeles,” he adds.

A significant number of Los Angeles social service agencies and supportive-housing developers have embraced Housing First as a result of collaboration between United Way of Greater Los Angeles and the Los Angeles Chamber of Commerce. It’s far less expensive than leaving people to fend for themselves on the street, says Mike Alvidrez, executive director of the Skid Row Housing Trust. A 2009 Los Angeles Economic Roundtable study called “Where We Sleep” compared the cost of homelessness, from emergency-room visits to law enforcement interactions, with the price of providing housing and support services. The average homeless person costs the county nearly \$3,000 a month and the

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LOS ANGELES HOMELESS VETERANS BY THE NUMBERS

58,063 Homeless veterans in the United States as of 2013

7,426 Homeless veterans in Los Angeles County as of 2013 (13 percent of U.S. total)

4,000 Estimated number of new homeless veterans each year

1,800 Estimated number of new homeless veterans each year who will become chronically homeless

32 Percent of Los Angeles-area homeless veterans who served during the Vietnam War era

68 Percent who served post-Vietnam

69 Percent of Los Angeles-area homeless veterans with serious medical problems when entering treatment program

50 Percent with psychiatric problems when entering treatment

45 Percent of homeless veterans with substance-abuse problems when entering treatment program

27 Percent with dual diagnoses when entering treatment

Data compiled by Gary Blasi, UCLA law professor emeritus

sickest upwards of \$100,000 a year, Alvidrez says. By contrast, it costs about \$600 a month to provide these individuals supportive housing.

“It’s absurd, when we’re paying hundreds of thousands (of dollars) a year to keep people on the streets,” Alvidrez says. “It’s the worst outcome with the highest price tag.”

In short, “without housing, we’re not going to have an impact,” Tyner says.

That is one of the reasons Bobby Shriver and other homeless advocates began pushing VA to again provide permanent housing for disabled veterans at VA’s largest campus. There’s plenty of space in its more than 100 empty buildings. “Ten years have gone by, two wars have been fought, and VA has not moved on that,” says Shriver, a former Santa Monica mayor and city councilman who is now running for the Los Angeles County

Commission seat with zoning jurisdiction over West Los Angeles.

A coalition including the ACLU, Blasi, the law firms of Arnold & Porter and Munger, Tolles & Olson, the Inner City Law Center and Harvard law professor Laurence Tribe filed their lawsuit on behalf of thousands of homeless veterans in June 2011. Last fall, a federal judge in California ruled that VA’s leases with the private schools and private businesses were illegal. Enterprise Rent-a-Car and Marriott have moved out. But the judge also rejected the plaintiff’s argument that VA is required to provide housing to mentally disabled veterans. Both sides appealed.

The coalition representing homeless veterans contends that VA is compelled to provide permanent supportive housing under the terms of the original deed as well as laws mandating services for disabled individuals. VA contends that it has the prerogative to lease parts of the West Los Angeles campus, given that it owns the property. UCLA joined VA in its appeal, arguing that the judge’s decision to void the leases leaves the university’s baseball program “homeless.”

Meanwhile, Sens. Dianne Feinstein and Rep. Henry Waxman persuaded Congress to pass legislation prohibiting sale or commercialization of the West Los Angeles VA property – a measure VA seems to ignore. They also pushed through legislation authorizing the renovation of two buildings for therapeutic housing. Only one of the renovations is funded.

There are other catches. “It is so far removed from the concept of permanent supportive housing that it won’t work with our clients,” Blasi says. “It’s restricted to therapeutic housing, which is by definition temporary. And it comes with the assumption that you have to be clean and sober ... If it’s not amended, it will fail.”

The solution is obvious to those who demand change. Rather than serving up halfhearted measures or tying up the case in court, VA should provide veterans the care they earned. The buildings are already in place at the West Los Angeles VA. Making them available for permanent supportive housing is a simple executive decision.

“(President) Barack Obama can make that housing happen with one phone call,” Bobby Shriver says. “You know that ad that says one phone call could save you 15 percent? Here, one phone call could save 2,000 lives.” 🌿

Ken Olsen is a frequent contributor to The American Legion Magazine.

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'I want this – I want a better life'



Marine veteran Trayci Smith does not fit the stereotype of a homeless veteran, but her story is not uncommon. Photo by Stuart Palley

Trayci Smith never had a shot at getting help from VA, housing or otherwise. An injury she sustained while on active duty led to a bad-conduct discharge. Soon she was on the streets – sometimes living in her car, sometimes living with a friend, in and out of rehab, always at the bottom.

"My drinking was out of control," says Smith, 24. "I was going to kill myself."

It's the sort of story Melissa Tyner has heard hundreds of times. "When people picture homeless veterans, it's an older white Vietnam War veteran," says Tyner, who runs a legal clinic for women veterans at the Inner City Law Center in Los Angeles. "Here we have a very bright woman with her future ahead of her. She is as much the face of veteran homelessness as the stereotype."

Smith recounts being sexually assaulted by a fellow Marine at Twentynine Palms, Calif., in 2012. She reported the assault, and word got out. She went from feeling ostracized to somehow feeling responsible. "There was a restraining order and they were going to try to charge him," she says of her assailant. "But I was emotionally drained. I felt kind of lost. I felt like I was the bad guy."

Smith kept to herself and drank. She ended up in the brig for drunk and disorderly conduct and assaulting an officer. She was court-martialed and kicked out by February 2013.

With no family or other resources to call upon, Smith's life unraveled into the streets.

Born in South Carolina, Smith was adopted at birth. Her parents died when she was a child, and she bounced from an aunt's home to foster care and then a group home before landing in Ohio. She graduated from high school, moved in with a friend and attended a few semesters of college.

Tired of turmoil, she joined the Marines. "I wanted something different," she says, "a lifestyle of civility."

This is a common narrative for Tyner's clients. "We see a lot of men and women try to better themselves," she says. But because they don't have traditional support systems, they are more vulnerable in a crisis. In Smith's case, "there was the promise of training, access to health care, camaraderie and the opportunity to serve her country,"

Tyner says. "Yet she gets there, she's sexually assaulted – then is discharged with no one to support her."

Smith's options for getting help are limited. Her bad conduct discharge makes her ineligible for housing assistance from VA known as HUD-VASH, health care, substance abuse treatment or mental health counseling.

"Most of what's available to veterans is based on discharge status," says Gary Blasi, UCLA law professor emeritus and a longtime advocate for the homeless. More and more, the issues that lead to a bad-conduct discharge often also lead to homelessness. For example, a soldier's PTSD or traumatic brain injury may lead to substance abuse or behavioral issues that result in getting kicked out of the service and living on the streets.

Smith was fortunate enough to get connected to a residential treatment program run by U.S.VETS. She's sober, attending AA meetings, taking anger management and post-traumatic stress classes, and hoping to return to college. "I wasn't acknowledging my drinking problem," Smith says. "The programs they offer and the structure helps me to be accountable. I want this – I want a better life."

The Inner City Law Center and a pro bono law firm are helping Smith attempt to have her discharge upgraded so she at least has access to health care. She sustained a shoulder injury in the Marine Corps and has had to seek treatment in the emergency room, paying out of pocket.

Although Smith has found stability and a new starting point, her story might have been different if she lived at the West Los Angeles VA – an option foreclosed even to veterans with honorable discharges when the agency phased out its housing program during the Vietnam War.

"It would have been a safe haven," she says, "knowing once I was done (with treatment) I could get safe housing."

In other words, Smith never had to land on the streets.

"Treatment, to be effective at all, has to be delivered to someone who has their basic needs met," Tyner says. "If she was at the West Los Angeles VA, she would not have slid as far. She would be in a more healthy place."

– Ken Olsen

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THE BAKKEN BOOM

Young veterans are flocking to the North Dakota oil patch for jobs – and employers want more.

BY PAUL GLADER

Photo by Paul Glader

Derek Bush zips along the dirt roads around Tioga, N.D., in a black 2012 Chevy extended-cab pickup, stopping to make sure his men have the right equipment, are staying safe and keeping the oil rigs drilling.

Bush pauses amid bright orange flames burning off natural gas flares from wells in the misty North Dakota morning air, the metallic groan of an oil derrick lifting pipe out of a well and the rush of chemical-laden mud recycling through the rig site. “Every once in a while, a smell will hit me and remind me of something from Iraq,” he says.

Bush, 34, joined the Marine Corps in 1999. His gunboat team from 3rd Battalion 1st Marines – on liberty in the Seychelles Islands – was first on site in Yemen when USS *Cole* was bombed on Oct. 12, 2000, setting up a perimeter around the port.

With a daughter born during his second deployment, Bush planned to get out. But his service was extended in 2002-2003 and he was sent to Kuwait. His unit fought its way to Baghdad, helping to secure Sadr City and running patrols in the streets.

Bush made good on the promise to his wife to leave the Marines so he could be a family man in Riverton, Wyo. But after the adrenaline of war, he didn’t know what to do with his life. His father had been a roughneck and his brother worked in oil, like many guys do in Wyoming. So Bush got a commercial driver’s license and started driving trucks for oil and construction companies. Eight years later, he’s worked as a roughneck and in other jobs on oil rigs all over the country.

A boom of oil drilling and production on the Bakken deposit in the northwest part of North Dakota

is bubbling up oil, profits and a host of employment options for Bush and thousands of others. He recently joined National Oilwell Varco (NOV) as a production manager for several rigs. The hours and pay work better for him than previous gigs.

“Oil fields are very friendly to veterans,” Bush says. “But you can’t come with a chip on your shoulder.” He says that working in the oil industry is like going back to boot camp. “You have to establish a good name for yourself” and the companies you work for, he says. That’s when oil workers start getting calls from other companies wanting to hire them at higher salaries.

‘Our clients are asking for more’ Western North Dakota and other regions are dramatically boosting oil production, giving the United States a new geopolitical cudgel in discussions with partners and enemies alike, from Latin America to the Middle East to Europe. The United States produced 2.7 billion barrels of crude oil in 2013, up 50 percent since 2008. The Bakken deposit has gone from bit player to starring role in the U.S. oil and gas industry, pumping up a million barrels a day or about 15 percent of U.S. oil production, accounting for 30 percent of the growth in U.S. energy output since 2009.

The oil boom is also putting thousands of Americans to work, including veterans, following the financial crisis and recession. They work as roughnecks on drill rigs, semi drivers and builders at construction sites. North Dakota’s economy grew by 13.4 percent in 2012 (the last year for which statistics are available) – more than any other state. As a result, there’s a need for more teachers, clerks, mechanics and other service workers.



After leaving his job as an Army paralegal in 2007, Ty Ingalls went to work for oil-field services companies as did his five brothers. Now he works in Williston as a superintendent for Golden, Colo.-based OE Construction. Several workers he's hired came to North Dakota because they couldn't find work in their home states. "Their whole family was unemployed," he says. "They were taking their North Dakota paycheck back to California to support their whole family. North Dakota jobs were supporting a lot of families around the country."

With large numbers of U.S. troops returning from Afghanistan, oil jobs in places like Texas, Pennsylvania and North Dakota are becoming a popular second act for veterans. Cindy Sanford of Williston's job service office says that of the 4,746 jobseekers visiting her office from January to March 2014, 572 were veterans. That's up 29 percent from the 444 veterans (of 4,835 seekers) who came in during the same time period in 2013.

She recommends that people do their research and make connections before they arrive in Williston. With no homeless shelters in town and housing scarce and expensive, just showing up doesn't always work out.

"You kind of need a network," Sanford says. "You gotta come with a plan."

Veterans are some of the most sought-after workers in the oil business, she adds. They have a reputation as disciplined, reliable, safety-conscious, and accustomed to barracks-style living, deployments away from family and workplace hierarchies. They're also unfazed by North Dakota's frigid winters, bumpy gravel roads and limited food options.

"Our clients are asking for more," says Anna Denton, a recruiter for staffing company Command Center in Williston. She, too, is seeing more veterans showing up in North Dakota, where they make up roughly 10 percent of the workforce – up from 2 percent a few years ago.

"They will get a preference when I hire," says Steve Fishkin, a recruiter for Keane, a Bradford, Pa.-based oil services firm. "They make great employees." He recently brought on 15 veterans as drivers in his 400-person company that works for bigger oil companies such as Shell, Chevron or Continental

Resources. He estimates that 20 percent of his company workforce has military experience.

'Industry town' Williston sits right off the banks of the Missouri River, where explorers Meriwether Lewis and William Clark explored and mapped new U.S. territory from 1804 to 1806 at the request of President Thomas Jefferson. While their journals describe lots of bison, beavers and mosquitoes in the area, they couldn't have known that billions of barrels of oil were some 2,000 feet beneath their keelboats.

In fact, no one in the oil industry or North Dakota knew about the black gold until the 20th century. And drilling the Bakken deposit was nearly impossible until horizontal drilling and fracking took off in the past decade.

Tumbleweeds blow past man camps – fenced-in groups of trailer houses, cabins and even hotel structures that house oil workers – that are scattered around western North Dakota. An old JCPenney downtown seems trapped in time. Nearby are a Wildcat Pizzeria, a work-boots superstore, trucks hauling heavy equipment through suburban intersections, and a Phil Jackson Way street sign to honor the former NBA player and coach.

In 2010, the Walmart parking lot was ground zero for activity, and dozens of people slept in their cars and big rigs in the parking lot. Now "No Trucks" signs are posted. Others stayed in parks or in campers parked in random places. In a way, they're

reminiscent of Tom Joad and other Okies in John Steinbeck's "The Grapes of Wrath" – Dust Bowl workers heading to California in the 1930s to make a living.

Williams County has an unemployment rate of 0.7 percent, says Tom Rolfstad, executive director of the Williston Area Economic Development Corporation. But with hundreds of positions unfilled each week, the unemployment rate is actually negative. There are more jobs than people in this part of the world. And the industry jobs often pay people \$70,000 to \$200,000 (depending on experience level) to work, in many cases, six months out of the year.

But word has leaked out. In the wake of a national financial crisis, housing bust and soaring unemployment, Americans from all 50 states are flocking to the region. The state estimates that the oil



Derek Bush, a Marine Corps veteran who served in Iraq, says North Dakota's oil fields are friendly to veterans. Photo by Paul Glader



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Young veterans are among the thousands flocking to North Dakota's oil-producing region, and employers like their discipline and reliability. Even so, they should make connections before showing up, says Cindy Sanford of Williston's job service office. Photo by Paul Glader

industry has created 50,000 high-paying jobs in drilling, fracking and production. It's created more than 200,000 jobs if you include hotels, food services and infrastructure jobs.

City leaders such as Rolfstad are trying to lure more families to Williston, seeking stability for the small town that's been overrun by transient oil workers. "It's not all trucks and guns," Rolfstad says. "There's a town here."

He wants to promote healthy living in a place increasingly known for grit and grease. To combat obesity and rising crime, the city plans to add more parks, urbanize the look of downtown streets, and expand schools and hospitals. In March, the city built a \$70 million, 230,000-square-foot recreation center, one of the largest in the country. Rolfstad saw a boom of 800 babies born last year, a sign of new family life. He wants to remove the moniker "boom" town and be known as an "industry" town.

Houston was once the size of Williston, Rolfstad points out. "It's hard to look in the crystal ball and see the future," he says. "But we think this (oil boom) could be around for the long term."

Dark side of the boom A previous boom took the population of Williston from roughly 10,000 people to 18,000 in the 1980s; in 2010, it was back down to 14,700. In recent years, estimates show the city is up to 30,000. Some think that number could jump to 100,000 in coming years; it may be near that

already if you count all the temporary workers who float in and out of town. But no one knows for sure, as thousands of workers live in other states and are paid by oil companies to commute to North Dakota by plane or car for shifts that run schedules such as four weeks on, two weeks off.

The incredible surge in oil, cash and jobs has wreaked havoc with the local economy, sending housing prices soaring (rent averages \$2,400 a month, higher than in Manhattan) even as retail services are a bit scarce. That's why oil companies build man camps around the countryside, many of them makeshift trailer parks with their own buffet-style cafeterias, gyms and cable TV.

The influx of people, trains and semi trucks hauling equipment, water and oil is also causing problems for local roads and, arguably, the environment. Some trains have crashed and burst into flames while hauling the high-quality crude out east to end-market refineries.

Officials are concerned that the oil industry will use up much of the region's water in the drilling process. Local news reports highlight companies that dispose of materials improperly, such as leaving radioactive filter socks in ditches near roads or stockpiled in empty barns. And the state is trying to find a solution to the rampant practice of "flaring" natural gas from oil wells. Roughly 30 percent of natural gas from the ground is burned off because of difficulties in capturing it.

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The state of North Dakota is trying to fix these problems, but the legislature only meets once every two years. So legislators and administrators are constantly playing catch-up to the oil boom.

Meanwhile, locals complain about rising crime rates. Some moving to North Dakota are bringing meth labs, firearms, prostitution rings and criminal networks with them. The region is also seeing violent crimes surge, with rapes happening to 100 out of every 100,000 people, four times the national average. Thefts, violent crimes and DUIs are surging, too. Williams County saw only 15 DUIs in 2008 but a whopping 205 in 2012.

"We're used to being a town where you could leave your car unlocked," Rolfstad says. "You have to be street-smart, and we are not used to that. We used to be Mayberry."

Unable to keep up with the boom in crime, small-town police forces have been forced to triage arrests. There's not enough room in their jails to house the criminals, so they haul some to neighboring cities and let others go.

"My wife packs a loaded .380 in her diaper bag," says a local man, noting that recent kidnappings and murders have alarmed her. "We all carry pistols up here."

Veterans service officer Grant Carns mans a counter at the Williams County Courthouse in downtown Williston, where veterans stop in and ask about housing loans, health benefits and retirement plans. He sees Vietnam-era veterans, mostly. But that's changing. "We are seeing younger vets now."

Roughly 2,000 veterans lived in the area in 2012, not including those from other states or counties working on rigs, Carns says. He estimates that between 3,000 and 4,000 veterans now live in the oil-producing region of Williams, McKenzie and Divide counties.

Some people who move to Williston are unemployable – veterans included – because of bad credit, drug test failures and criminal histories. Carns has bailed four or five veterans out of jail who didn't have prior arrest records, and helped them get home to their families.

"If you are drinking and using drugs, don't come up here," he says. "This environment is not conducive to that."

Local auto mechanic Gary Hansen stops by and tells a shocking story about a homeless veteran who was living in a minivan on the outskirts of town. Last October, he noticed piles of human feces and pop bottles full of urine in the vehicle. "There was poop this high!" Hansen says, turning red in the face and holding his hand at his waist.

Hansen showed up at night with a stun gun and flashlight. Seeing a man sleeping in the car, Hansen cinched a strap around the van, trapping the man inside, and called the police.

Cops showed up in three minutes and arrested the gaunt 38-year-old, who showed up again in February. Hansen evicted him once more and told him not to come back. "He's still in town somewhere," he says. "All he wants is a six-figure income." Last he heard, the man was working at temp jobs in the area and arrested for sleeping in apartment buildings.

"If he comes back, try to get a hold of me," Carns tell Hansen.

Entrepreneurship and opportunity While some veterans struggle to gain a foothold in the Bakken region, others are succeeding and even prospering. Tom Coons, an American Legion member and adjutant of Matthew Brew Post 3 in Dickinson, is a vice president of Raven Drilling, which is owned by San Antonio-based Abraxas Petroleum Corp. The company, led by oilman Robert L.G. Watson since 1977, owns thousands of acres of drilling possibilities in Texas and North Dakota.

Driving to his company's lone rig a few miles from Watford City, Coons describes the ups, downs and sideways jolts he's experienced as an entrepreneur in the roller-coaster oil patch. "I went broke in 2010," he says. "The industry in 2009 was pretty rough."

Coons, 61, worked as a roughneck after high school in Montana and joined the Air Force as a mechanic and crew chief on jet engines in the '70s. He returned to the oil industry after his service, working nearly every job on a rig and eventually founding Wyoming-based Krobar Drilling in 2005.

He financed a rig for \$5.5 million and tried to drill wells in Wyoming, Utah and Texas. But when the financial crisis hit in 2009, oil demand dropped and Coons was forced to sell his rig at a loss. He consulted for other companies in recent years and, in 2012, hooked up with Abraxas to buy a \$20 million rig for Raven Drilling that Abraxas could use to drill its wells in North Dakota.

After a couple of years, Coons says he's nearly paid off the note for his failed company. Besides making money and operating a safe rig for his new company, he's ardent about supporting veterans and helping the Dickinson American Legion post grow, hosting meetings at his office there.

Meanwhile, back in Tioga, Derek Bush is talking with NOV employee Ryan Campbell, who is monitoring mechanical equipment on the ground as workers soaked in oil are up on the deck of the rig "tripping out" the two miles of drill pipe. They use

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When the wind is 60 degrees below zero, working on a rig is no leisure job. "It felt like getting pepper sprayed," says Campbell, 26, describing the coldest day that year. "My eyes watered and that water froze to my face."

Bush noticed recently that Campbell's sunglasses weren't up to the safety standards, so Campbell now wears plastic safety goggles over his eyeglasses. "It's not very comfortable," he says.

Working in the oil patch is dangerous. Death by

vehicle accidents on the strained roads may be the most common way to die in this region, but Bush has also lost friends crushed to death by pipe. His new role of helping employees stay safe and productive is fulfilling for him, a leadership role he's familiar with from his Marine Corps days.

"I'd like to go to work overseas with National Oilwell Varco or someone else," he says. "I'd like to keep moving up. 🌾"

Paul Glader is an associate professor of journalism at The King's College in New York City and a frequent contributor to The American Legion Magazine.

Keystone and its discontents

The American people largely support the Keystone XL Pipeline, which would transport oil 1,179 miles from the oil sands of Canada, through a 36-inch-diameter pipeline, southward as far as Texas to oil refineries in the Gulf of Mexico. A 2014 study by the Pew Research Center in Washington showed 61 percent of the public in favor of the project, with only one of seven political groups – "solid liberals" – opposed.

The pipeline is slowly being built in phases throughout U.S. states. But why, after six years of wrangling, is the project still languishing for final approval in Washington?

Because the pipeline crosses an international border, the State Department and president must approve the project. The environmental lobby and donors see the pipeline as leverage to hold President Barack Obama to their interests, disregarding the majority of the American public.

The \$7 billion project "would reduce America's reliance on Middle Eastern oil suppliers, provide jobs for veterans and improve national security," then-American Legion National Commander Dan Dellinger said in February. The Legion has passed resolutions in favor of the pipeline, predicting that it would create 20,000 jobs immediately and an additional 118,000 jobs in adjacent industries.

Canada – the top oil exporter to the United States, the third-largest reserve of oil in the world and arguably the closest U.S. ally – is waiting to build the pipeline. It would transmit up to 830,000 barrels per day, including crude from the Canadian oil sands as well as oil from the Bakken deposit

in Montana and North Dakota. At present, crude oil from the Bakken travels by truck and rail to refineries and markets on the East Coast. Several train-car accidents have caused fires and dozens of deaths in recent years, raising major safety concerns.

Keystone XL would start in Hardisty, Alberta, and extend south to Steele City, Neb., with further extensions to Nederland, Texas, to the south and Patoka, Ill. It could possibly include pipeline shortcuts, links and extensions in the booming oil region of North Dakota. Three phases of the project are already approved at state levels. The fourth – a bullet-like pipeline going from Hardisty to

Steele City – is awaiting U.S. government approval.

The main obstacle has been presidential approval because of environmental concerns. In January 2012, Obama rejected the application to finish the project because of protests by environmentalists about Nebraska's Sand Hills region. TransCanada Corp. adjusted the route to minimize the impact, and Nebraska Gov. Dave Heineman approved the plan in January 2013.

Environmentalists and key Democratic donors continue to rally against the project, seeing it as a battle for leverage over the Obama administration's environmental policy. Some think the pipeline could leak and affect groundwater and cattle, despite TransCanada's assurances of the pipeline's high-tech safety features.

In April, Obama extended the review of the pipeline project until at least after the Nov. 4 midterm elections.

– Paul Glader



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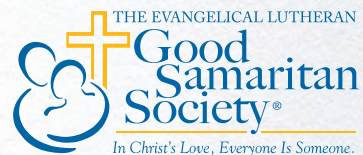
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BY ALAN W. DOWD

THREE'S A CROWD

Why is it so difficult for third parties to break through in U.S. politics?



“America has had great parties, but has them no longer.”

These words were written not by a grizzled Beltway pundit surveying the wreckage of the 2012 elections or a melancholy political science professor longing for the good old days, but by a foreign admirer of America who came to this somewhat depressing conclusion in the 1830s. Alexis de Tocqueville offered his dour diagnosis in “Democracy in America,” among the most insightful commentaries on the people and government of the United States ever written.

With Washington increasingly unable to address critical challenges to America’s future – slowing entitlement spending, reining in the deficit, protecting the military from cuts, reviving the economy, taking full advantage of homegrown energy sources – many Americans today seem to share Tocqueville’s view. For example, just 29 percent of the country approves of how congressional Democrats are doing, and a paltry 23 percent approves of how congressional Republicans are doing, and only 18 percent of the country is satisfied with how the nation is being governed – the lowest rating since Gallup began asking the question in 1971.

As a consequence, some observers are calling for new political parties to take a crack at fixing Washington. In fact, a Gallup poll reveals that 60 percent of Americans believe a third major party is needed. Are there any third parties up to the task? And if so, what does history tell us about their chances for crashing the two-party party?

‘POTENT ENGINES’ History tells us that America’s two-party system is almost as old as America. What’s intriguing is that most of the founders expressed concerns about political parties.

In *The Federalist Papers*, for instance, James Madison worried about the rise of political “factions,” which he described as any collection of citizens “united and actuated by some common impulse of passion, or of interest, adverse to the rights of other citizens.”

John Adams feared the “division of the republic into two great parties.” Likewise, George Washington had deep reservations about political parties. “All combinations and associations, under whatever plausible character, with the real design to direct, control, counteract or awe the regular deliberation and action of the constituted authorities,” he said in his farewell address, “serve to organize faction, to give it an artificial and extraordinary force; to put, in the place of the

delegated will of the nation, the will of a party.” He warned that parties could “become potent engines, by which cunning, ambitious and unprincipled men will be enabled to subvert the power of the people and to usurp for themselves the reins of government.”

Despite the founders’ misgivings, political parties naturally – and almost immediately – developed. In retrospect it seems inevitable, given the divergent views of Adams and the Federalists on one side, and Jefferson and the Anti-Federalists – who rebranded themselves as “Democratic-Republicans” – on the other. (Madison began as a Federalist but found his way into Jefferson’s party.)

One group – one faction, one party – wanted to construct a strong union, with a strong central government and a strong constitution the government could wield to act on behalf of a growing nation. The other group – the other faction, the other party – wanted power to reside in the states, sought to limit the power of the central government, and demanded a Bill of Rights to protect the individual and the states from it.

The Constitution these two groups crafted is, not surprisingly, an exquisite compromise of their divergent views of government.

Traces of these divisions are evident in today’s major parties. Most of the time, despite the founders’ worries, “the political struggle between two major national parties, under changing labels, has represented what appears to be a natural division between competing ideological traditions in American politics,” historian James Reichley argues in “The Life of the Parties.” He notes that “parties have helped American democracy balance governmental efficiency with accountability and freedom,” citing problems with attempts at one-party democracy in Mexico and elsewhere.

POPULARITY CONTEST Even if political parties serve an important purpose, there’s nothing in the Constitution that mandates them.

In the first presidential election, for instance, the candidates ran without any party affiliation at all. Washington technically never joined either party, though he aligned himself with the Federalists (and they with him).

Through much of the 1820s, as the Federalist Party ceased to be a national force, the United States was effectively a one-party state, at least in presidential politics. But by 1832, four different parties vied for the presidency. Third-party candidates grabbed 45 percent of the popular vote.

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27 Percent of registered U.S. voters who say that if they had the choice they would vote for an independent or third-party candidate for Congress

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28 Percent of Democrats who say they trust the government “just about always or most of the time”

10 Percent of Republicans who say they trust the government “just about always or most of the time”

22 Percent of Americans who say they are inclined to re-elect their member of Congress

68 Percent of Americans who say they are inclined “to look around for someone else to vote for”

Sources: Pew Research Center and NBC News/Wall Street Journal polling

Elements from some of those opposition parties coalesced into the Whig Party, which won its first presidential election in 1840. That year, the Free Soil Party claimed 10 percent of the popular vote.

Reflecting the national ferment over slavery and the federal-state power struggle, several parties scrambled for power in the 1850s and 1860s. Third parties won a scant 5.5 percent of the popular vote in 1852. However, in the following presidential election, third parties – including the newly minted Republican Party – claimed 34 percent of the vote.

In 1860, the once-dominant Democratic Party finished fourth in the electoral-vote tally, as third parties took 31 percent of the popular vote. Abraham Lincoln’s Republican Party, no longer a spoiler or underdog, claimed 39 percent of the

popular vote – enough to win the presidency in a deeply divided America.

For the next 30 years, third parties barely registered in national politics. But in 1892, third parties claimed 11 percent of the popular vote, and the Populist Party won 22 electoral votes.

Although there were three national third-party candidates in 1896, they combined for just 2.1 percent of the popular vote. There were four third-party candidates in 1900, but they claimed only 2.75 percent of the popular vote.

Among the most well-known third-party presidential bids came in 1912, when former President Theodore Roosevelt switched from the Republican Party to run as a Bull Moose Progressive. In a race that featured five national parties, Roosevelt gained 27.4 percent of the popular vote – not enough to win, but enough to divide Republican loyalties and pave the way for the election of Woodrow Wilson.

Since the 1912 election – an anomaly fueled largely by Roosevelt’s popularity – third-party candidates have seldom garnered more than 3 percent of the popular vote. The exceptions are 1924, when the Progressive Party took 16.6 percent of the popular vote; 1968 (American Independent, 13.5 percent); 1980 (Independent, 6.6 percent); 1992 (Independent, 19 percent); and 1996 (Reform, 8.4 percent).

Similarly, the percentage of third-party or independent members of Congress has fallen steadily since the decade before the Civil War, from 9 percent in the 1850s to less than 1 percent in the 2000s.

THE MINOR LEAGUES Why is it so difficult for third parties to break through in American politics? The answer to that question has much to do with the system the founding fathers created: one designed to prevent, or at least discourage, momentary passions from triggering too-rapid political change.

Madison envisioned a representative system that would check “the cabals of a few.” Similarly, Alexander Hamilton believed a federal system and republican union of states would restrain “local factions” and “powerful individuals.”

Thus, everything from the predetermined timing of elections to the separation of branches, the unique way presidents are elected, and the shared powers of federal and state governments play a role in preventing parties from taking hold too quickly or becoming nationally prominent too rapidly.

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Political scientist Marjorie Randon Hershey points to the primary system as another factor. “When disgruntled groups have the opportunity to make their voices heard within the dominant party through a primary,” she explains, “the resulting taste of power will probably discourage them from breaking away to pursue a third-party course.” This is what happened in the South for decades, when factional disputes “were contained within the Democratic Party by the existence of primary elections,” thus discouraging third-party efforts.

On top of these systemic obstacles, third parties face practical problems: lacking sufficient resources to compete in an era dominated by television, being required to reach a certain threshold of support before making it onto ballots, navigating the byzantine maze of 50 different state election codes.

This doesn’t mean third parties don’t make a difference or have an effect. Reichley notes that when powerful social movements emerge, they are often “taken up by one of the two major parties.” Moreover, third parties can tip the balance in presidential elections, as we saw in 2000, 1992 and 1912, when they siphoned enough votes away from the main parties to affect the final tally.

That brings us to today’s third parties. For the sake of conciseness, let’s focus for now on parties that have participated in presidential elections at the national level. In the past four presidential election cycles (stretching from 2000 to 2012), the best third-party showing was the Green Party’s 2.73 percent of the national vote total in 2000. The Libertarian Party’s best showing was 1 percent in 2012, the Independent Party’s high-water mark was 0.56 percent in 2008, and the Reform Party’s best was 0.43 percent in 2000.

To be sure, there are many other third parties: the Constitution Party, the Natural Law Party, the Socialist Party, the Justice Party. In fact, a PBS analysis revealed at least 54 national political parties in the United States, “37 of which have had candidates run for the presidency.”

Although some elements of each of these parties’ platforms appeal to some Americans, a glance at their main issues underscores why many of them do not gain broader appeal. By focusing on niche issues, they often attract niche voters. For some it’s the environment, for some immigration or abortion, for others legalizing and destigmatizing various vices, for others cutting the federal government down to 18th-century size or growing it into a European Union-style behemoth, for still others abolishing nuclear weapons.

This helps explain why – in a diverse nation of 314 million people – third parties don’t gain more traction and seldom seem ready to graduate from the minor leagues. As Tocqueville observed, “Society is convulsed by great parties; it is only agitated by minor ones.”

Interestingly, there is a “third party” that has had a significant effect of late, although it may not really be a political party at all. Some observers say the Tea Party could crash the two-party party. As evidence, they point to the 2010 congressional elections, which swept more than 40 new representatives and five new senators aligned with the Tea Party into office. By 2012, more than 50 House members were part of the so-called Tea Party Caucus.

However, there are some important caveats to consider. The 2012 elections saw six Tea Party incumbent freshmen lose in House races. Today, just 8 percent of voters say they are members of the Tea Party, down from a high of 24 percent in 2010, according to Rasmussen polling. And most important of all, at least when it comes to long-term viability, the Tea Party is a misnomer. With no centralized organization, no unifying umbrella structure, and technically no candidates – the vast majority of candidates who identify with the Tea Party’s limited-government principles run as Republicans – the Tea Party is not a political party in the traditional sense of the term. Rather, it is an amorphous, grassroots political movement. The movement’s staying power and relevance over the long haul remain to be seen, although House Majority Leader Eric Cantor’s stunning primary defeat has been attributed to Tea Party support.

THIRD PLACE In an era when the two main political parties are so deeply unpopular, it’s interesting that the Democratic and Republican parties garnered 96.25 percent of the popular vote in 2000, 99 percent in 2004, 98.5 percent in 2008 and 98.2 percent in 2012.

Those numbers force us to return to Tocqueville’s observation about “great parties.” “Great” has more than one meaning. Yes, it can mean “eminent” and “distinguished,” as in “Washington was a great leader.” But Merriam-Webster reminds us that it can also mean “large” and “predominant.” By that definition, today’s Democratic and Republican parties are as great as any in U.S. history. 🌿

Alan W. Dowd is a contributing editor to The American Legion Magazine.



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\$EXIT STRATEGY

Numbers don't lie. If you're drowning in debt, get serious about solutions.

BY J.J. MONTANARO

The Great Recession forced many Americans to tighten their personal balance sheets. But six years later, a dark cloud of debt still looms large. Student loan debt has eclipsed \$1.2 trillion. Credit card and revolving debt is off its highs but still rings in at nearly \$900 billion. Americans have more than \$3 trillion in outstanding debt, and that doesn't include mortgages.

IN OVER YOUR HEAD? These numbers are mind-boggling, but they don't really capture the essence of the trench warfare taking place in U.S. homes. For many, the battle rages on. Are you in the fight? Are prospective lenders knocking down your door or running for the hills at the sight of your application?

Here are three numbers you should examine for a clue as to whether you're in too deep:

■ **Debt-to-income ratio** Divide your monthly payments on all your debts (auto loans, mortgage, credit cards) by your monthly gross income. Anything below 36 percent is considered acceptable; anything over 40 percent is a warning shot across your financial bow.

■ **Credit score** The "excellent" range for FICO scores starts at 750. But a good score alone is not enough to determine if things are OK. I've seen plenty of folks with a great score and a ton of debt. You could be headed for trouble if your score is trending down because of too much debt or late payments. Know your score, but look ahead.

■ **Retirement savings** Too much debt can result in too little saving. A couple of years ago, Fidelity published its retirement-savings guidelines. The research concluded that an individual should have the equivalent of his or her salary saved for retirement by 35, three times that at 45, and five times at 55. While not necessarily retirement planning gospel, this approach could give you a usable benchmark. Are you feeling good now or rationalizing your numbers?

THE ROAD OUT If you're beginning to think things in your financial world are not as they should be, let's examine the path ahead:

■ **Budgeting** Call it a spending plan, belt-tightening or whatever is necessary to get you to start tracking your income and expenses. The goal? Cut back and cut out to free up cash that can be applied to your existing debts. Spreadsheets, smartphone applications and other online tools linked to your bank accounts can aid the process.

Where to get help: On-installation personal financial-readiness classes and counselors, credit counseling services, personal finance classes, hourly fee-based financial planners

■ **Debt consolidation** Combining all your debts into a single account can be an attractive option. Ideally, your newly consolidated account will have a low interest rate, or at least lower than your existing accounts. A couple of cautionary notes, though. First, for this to work you've got to address



the root cause of your debt. If your debt is a byproduct of spending more than you earn and you don't fix your excessive spending, you'll end up with a big loan and a bunch of other debts. Second, if you end up using a secured loan – like a home equity loan – to consolidate unsecured debt, you're putting the roof over your head at risk.

Where to get help: Your bank or credit union, mortgage lenders, a credit counseling service's debt-management plan

■ **Negotiation** This could mean talking to your existing creditors and trying to persuade them to lower the interest rate on your debt. Less interest means more of your payment goes toward your debt. It could also mean offering to pay less than you owe to knock out the debt. While asking for an interest rate reduction is almost always a good idea, paying a reduced amount or settling your debt could negatively impact your credit score.

Where to get help: You can do this yourself.

■ **Bankruptcy** Sometimes the hole is just too deep, like one caused by a huge medical bill or several years of unemployment. Bankruptcy could allow you a fresh start. But all bankruptcy filings are not created equal. In a Chapter 13 filing, a repayment plan is created to pay what you owe, typically over the next three to five years. In a Chapter 7 filing, the court discharges your debts, and you may lose property. While bankruptcy doesn't seem to carry the stigma it did in the past, it's still a big deal that will cost you money and haunt your credit profile for years. It's also important to get the legal counsel to ensure you do it right.

Where to get help: A qualified bankruptcy attorney

WHEN TO ASK FOR HELP Bankruptcy is a prime example of when you should (and may have to) get outside help. It's not the only time a third party can provide valuable assistance on your journey out of debt. It could be that you've tried on your own and failed, or just want some assistance. Sometimes all you need is an accountability partner. No doubt most financial problems can be fixed on your own, but getting help can make a difference.

Despite all the advertisements, one "resource" that didn't make my list are debt-settlement firms. These programs can be expensive, drive down your credit score and ultimately result in more harm than good. So steer clear of anything that sounds too good to be true.

Unfortunately, there's no silver bullet to fix debt issues. Pin your financial security on the fundamentals. Spend less than you earn, save for emergencies, use insurance to protect against major financial issues and have a plan to get to a better place. 🌿

J.J. Montanaro is a certified financial planner with USAA Financial Planning Services, one of the USAA family of companies. USAA is The American Legion's preferred provider for financial services.

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The FIGHT for LIFE

Online chat, text services are VA's latest outreach for veterans contemplating suicide.

BY HENRY HOWARD



Caitlin Thompson's path to becoming VA's deputy director of suicide prevention in 2013 can be traced back to her pre-doctoral internship at the Denver VA Medical Center.

"The fact that I knew three young veterans who died of suicide really hit me hard," recalls Thompson, who later did a fellowship at New York's University of Rochester as VA's crisis line was developed. She also worked as a psychologist providing clinical training and supervision, and helped establish VA's online chat service.

The chat service, along with the toll-free hotline and texting option, immediately connects veterans with help when experiencing thoughts of suicide or other crises. More than 24,000 people have used the texting service since 2011. VA responders have engaged in more than 175,000 online chats and logged over 1.25 million calls on the crisis line.

Thompson spoke to The American Legion for September's National Suicide Prevention Month.

How has the texting option helped limit the number of veteran suicides?

The increase has been dramatic for the numbers of veterans chatting online or via text. The calls continue to increase, too, as people become more aware of the crisis line. We're more focused on making it easy for veterans to reach out in the way that is most comfortable for them. Veterans, especially younger veterans and servicemembers, prefer texting or chatting online. There is more of a comfort there to do that.

Can you give us a specific success story?

A veteran was traveling by Greyhound to the Golden Gate Bridge to jump off. He started texting one of our responders while on the bus. Over the course of four hours, just texting back and forth, the veteran agreed to go to VA. They were able to send an ambulance to the bus as soon as it stopped for care the veteran needed immediately. Amazing stories like that happen every day.

Suicide prevention resources

Chat phone number: ☎ **1-800-273-8255, press 1**

Texting number: ☎ **838255**

Online chat service: 💻 **veteranscrisisline.net**

Resources and other information:

🌐 **www.legion.org/suicideprevention**

Connect with other veterans and family members dealing with similar issues:

🌐 **maketheconnection.net**

You recently participated in the Legion's TBI/PTSD symposium, where an online survey found that 59 percent of veterans reported feeling either no improvement or worse after undergoing TBI and PTSD treatment. How does that correlate to the suicide rate?

The survey was clearly so important for us to better understand how veterans are engaging in their care and how they are finding they get better over time. One of my colleagues said keeping

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veterans in PTSD care can be very difficult because so much of the treatment may involve longer-term treatments and things like exposure therapy, where veterans are asked to continue to relive the trauma to desensitize themselves to it. There has been some preliminary work done showing that some veterans with TBI or PTSD may be at greater risk for suicide. So we are very focused on those conditions as well as others.

What can individual Legionnaires do?

One thing is to make sure that Legionnaires know their local VA suicide prevention coordinators, so that if they come across fellow veterans they're concerned about, they know who to contact. You can find out who your local

coordinator is at **veteranscrisisline.net**. There is a resource locator where you can plug in your ZIP code and the local coordinator will pop up.

Anyone – any family members or friends – can call the suicide prevention hotline if there are concerns about veterans, and talk with suicide prevention coordinators about any resources available in the area. And at the Veterans Crisis Line website, Legionnaires can find information and brochures they can leave out at meetings, specifically about the crisis line or suicide prevention in general. There are lots of videos that can be shown at various events. 🌿

Henry Howard is deputy director of magazine operations for The American Legion.

Team effort

VA service network trains every employee in suicide prevention.

A visibly distraught veteran sits in his car, a handgun within reach. He gets out, leaving the gun behind, and goes into a VA medical facility. There, he's met with – real or perceived – indifference, condescension, skepticism and curtness. Frustrated, he returns to his car – and the gun.

This is just one scenario, but the message is clear: every point of contact matters for veterans seeking help at VA. It's a lesson VA's Veterans Integrated Service Network (VISN) 16 – which serves veterans in Oklahoma, Arkansas, Louisiana, Mississippi and parts of four other states – gives all workers.

The video is part of VISN 16's "Be a Hero – Save a Hero" suicide-prevention effort, launched last fall. Combined with classroom training, the video instructs employees on how to identify and act on a possible suicide threat. The program also emphasizes a compassionate rather than punitive approach to helping employees struggling to cope with the loss of a patient who commits suicide.

Because 100 percent of VISN 16's employees undergo suicide prevention training, the program incorporates everyone from department directors to non-medical staff.

"In any large bureaucracy, we are often asked to do things that seem like they have no added value," says Julie Catellier, director of VISN 16's Southeast Louisiana Veterans Health Care System. "I think the beauty of this is that everybody could answer the 'So what?' question. Everybody got that this mattered."

Another component of the training is a package of resources to help prevent suicides, such as Provider Resilience and Mood Tracker apps and guides for dealing with post-suicide issues.

As for the video, a second segment explains the right way to interact with patients. In it, a maintenance man who previously ignored the veteran now asks if he can help him get where he is going.

Two workers who had walked by while conversing now make it a point to greet the patient. The receptionist who was rude is now polite, and the doctor who was confrontational and accusatory now has a much kinder bedside manner.

Dr. Gregg Parker, chief medical officer for VISN 16, says people in his classes did as much teaching as learning. "Several times, someone would tell a story about (experiencing) a near-suicide and how they thought they'd made a difference," he says.

After completing the training, one VA clerk observed what she believed were warning signs in a veteran. She took the patient by the arm and escorted him to a mental health worker. "(She) would not have had the confidence or the knowledge to do that before this training," Catellier says. "So we're already seeing it work."

In time, the staff hopes to scientifically measure the program's results. "It's a great program ... but it's about living the actions," Catellier says. "That's hard to sustain. That's the test of any improvement with any culture in any process."

Even so, says Dr. Linda Worley, VISN 16's mental health chief physician consultant, "we're building a stronger safety net one spoke at a time."

– Steve B. Brooks

Learn more about VISN 16's suicide prevention program:

 www.legion.org/veteranshealthcare

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Although this would otherwise be an embarrassing subject – I feel strongly about sharing my recent experience with others my age. Simply put, **I'm 57 years old and even though I'm in good health overall, my body just doesn't respond like it used to.** Intimacy and virility have become an issue.

Recently, I found myself struggling to "perform." I began losing my confidence and with it, my sense of "male prowess". I was feeling a great deal of pressure and embarrassment, my wife was beginning to think it was something she did or didn't do – it wasn't.

I wasn't comfortable discussing my situation with anyone – not even my doctor – so in a desperate attempt to find some help, I privately did some research on the web.

First, I found that many **HEALTHY** men experience a decrease in virility with age. **I wasn't alone!** Good blood circulation is the key to maintaining virility, and there are a number of factors that can weaken it.

Armed with this new information, I began to search through the many "male enhancement" products on the net. I found a pill and patch for everything and anything, but **one product stood out among them - PROZEMAX is completely different – not a pill or a patch, this surprisingly effective topical formula is delivered directly to the "source" – where I needed it most.** Best of all, **PROZEMAX is recommended by a Leading Physician**, and you don't need a prescription. I don't need to swallow a pill, prescription or not, or wear some kind of patch on my shoulder!

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Army veteran Wendy Williams, left, is comforted by Department of Veterans Affairs employee Rochelle Williams while receiving assistance at The American Legion's Veterans Crisis Command Center at the Saint Louis University School of Law. Photo by Sid Hastings

HEALTH CARE

BOOTS ON THE GROUND

The American Legion has wasted no time in hearing veterans' VA woes and getting them immediate help.

When the Legion called for the resignation of Department of Veterans Affairs Secretary Eric Shinseki in May, it did so with the conviction that new leadership is necessary to change the system's culture. But the Legion didn't just demand change; it dispatched staff across the country to help make change happen.

In the wake of the Phoenix VA revelations, the Legion began setting up Veterans Crisis Command Centers in cities where VA problems were most severe. At the first five of these events, more than 2,000 veterans met face to face with American Legion service officers, counselors, and VA health-care and benefits employees. They saw their claims approved and received appointments they'd waited days, months or even years to get. Other crisis command centers followed in West Virginia and Maryland; three more are scheduled for this month.



Ben Ousley sought help at the Veterans Crisis Command Center at American Legion Post 1 in Phoenix. Photo by Nick Oza/The Republic

7 Number of cities where the Legion has operated Veterans Crisis Command Centers, with three more this month in White City, Ore., Harlingen, Texas, and Honolulu

2,084 Number of veterans helped at the Legion's Veterans Crisis Command Centers – 590 in Phoenix, 787 in Fayetteville, N.C., 410 in El Paso, Texas, 119 in Fort Collins, Colo., and 178 in St. Louis

20 Number of minutes it took to schedule an OIF/OEF veteran for a traumatic brain injury evaluation and refer him to VBA staff for service connection, after VA had failed to give him answers

“They changed my primary care provider just like that. I have an appointment now with a new doctor. I couldn’t do that at the VA. I had to come here to do it. Why do you suppose that is? Somebody is shining a spotlight on VA.”

Jennifer Jewell, Army and Air Force veteran whose appointments were canceled five times and request for a new provider ignored before she attended an American Legion Veterans Crisis Command Center in Phoenix

“This is the first time I actually talked to people who knew what I was talking about. I feel like I have hope now.”

A Vietnam War Navy veteran named Peter, who tried for three years to get VA service connection for Agent Orange exposure

“This model helps veterans, and it helps them now. I believe this is the greatest program The American Legion has come up with to help veterans in the most timely manner.”

Ralph Bozella, chairman of the Legion’s National Veterans Affairs & Rehabilitation Commission and the System Worth Saving Task Force

“He came and got his (claims) appeal paperwork done, they told him exactly what he needs to do, and he left here with a smile on his face.”

Crystalrenee Saunders, adjutant of Post 202 in Fayetteville, N.C., about a veteran facing homelessness who got help from the Legion

\$460,000

On-the-spot benefits with back pay for 74 veterans, secured through Legion assistance in El Paso

14

Number of years a North Carolina veteran had been working on his claim; the Legion’s VCCC in Fayetteville fixed it in an hour and a half



Ted Roosevelt IV, chairman of The American Legion’s 100th Anniversary Honorary Committee, speaks about the GI Bill.

Photo by Noel St. John

EDUCATION

Legion celebrates GI Bill’s 70th anniversary

Jon Bellum received his college education in the early 1990s thanks to the GI Bill. Now, on a daily basis, he sees the impact of the modern version: the Post-9/11 GI Bill.

“One of the driving points of joining the National Guard in the late 1980s was to get the Montgomery GI Bill, which provided me the opportunity to both serve but then also come out of the University of South Dakota without any debt,” said Bellum, senior vice president and provost at Colorado State University-Global Campus.

“Now, working with students, our goal is to help them get their education with the least amount of debt. The GI Bill has – at our institution – played an important part in all of that.”

Bellum is one of an estimated 20 million U.S. veterans who have received assistance toward education through the Servicemen’s Readjustment Act of 1944, the original GI Bill, or the updates that followed. The original legislation – drafted by American Legion Past National Commander Harry Colmery – created the middle class, revolutionized higher education and dramatically increased homeownership in America. The bill was signed into law 70 years ago June 22.

To honor that landmark anniversary, the Legion hosted a celebration gala June 17 for nearly 100 policymakers, veterans and others at the Microsoft Innovation & Policy Center in Washington.

Not only did the GI Bill change higher education, it made homeownership possible for millions of Americans, said Ted Roosevelt IV, chairman of The American Legion’s 100th Anniversary Honorary Committee.

“It gave affordable home and business loans,” he said. “It democratized American education. And the impact of that is just incalculable. It gave us the world’s largest middle class. It precipitated the creation of a thriving, vibrant housing industry. And we, as a nation, have more than two-thirds of our population living in homes that they own. The American Legion and the GI Bill can take some credit for that.”



Remembering September 11, 2001

iStock

VERBATIM

No matter how hard we try, words simply cannot express the horror, the shock, and the revulsion we all feel over what took place in the nation on Tuesday morning. Sept. 11 will go down in our history as a day to remember.

Billy Graham, U.S. evangelist

Tomb of 1,115 unknowns

Thirteen years after the 9/11 attacks, forensic scientists are still trying to match DNA with bone fragments discovered in the ruins of the World Trade Center. As Fox News reports, nearly 8,000 vacuum-sealed plastic pouches of bones have been moved to a special repository 70 feet under the 9/11 memorial and museum. Of the 2,753 people reported missing at the World Trade Center, 1,115 victims have still not been identified through DNA.



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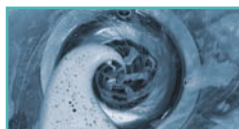


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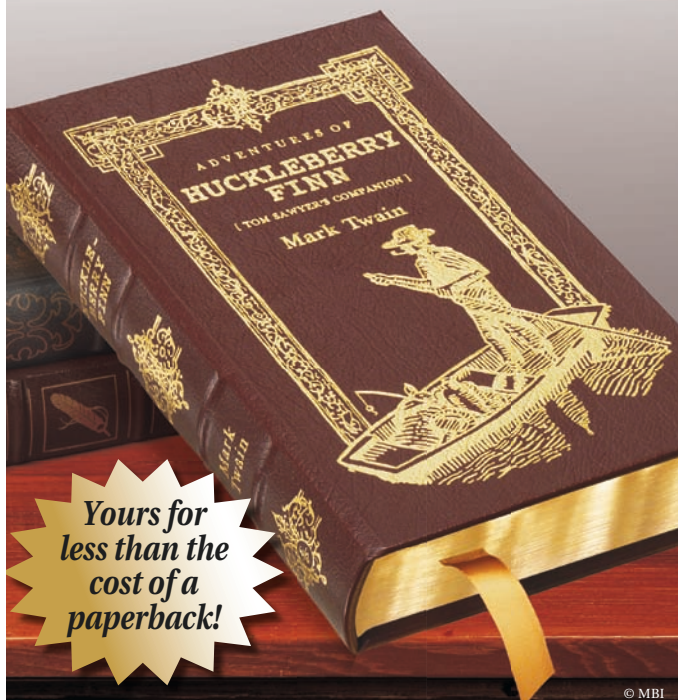
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Vietnam War veteran Ken Slye, center, officiated elite tennis matches around the world, including the Stefan Edberg-Ivan Lendl match at the 1986 Suntory Cup in Tokyo. Photo courtesy Ken Slye

SPORTS

A life of service, from Vietnam to the U.S. Open

Ken Slye served 20 years in the Army, including two tours of duty flying helicopters in Vietnam. He spent the rest of his career as part of the secretary of defense's staff. Having played tennis since his youth, he soon "caught the bug" for umpiring at Fort Eustis, Va., where he learned to officiate.

Like all tennis umpires, Slye began as a line official. He ended up attending professional chair umpire school in Dallas, working his way up to tall-chair umpire – the official with the final say.

Slye served as an umpire at elite matches all over the world. Thirty-four years ago this month, he umpired one of the most famous tennis matches of all time: the 1980 U.S. Open final in which John McEnroe defeated Bjorn Borg. Since then, the U.S. Tennis Association has voted that match the No. 1 final ever played at Flushing Meadows.

Slye retired from government and tennis in the 1990s. He currently lives in Louisville, Ky., where he's a member of American Legion Post 244 in Jeffersontown.

The American Legion Magazine recently interviewed Slye about his time in the umpire's chair.

Did you develop any skills as a pilot that helped you as an umpire?

No, not really. I would say patience, probably.

How did you deal with players who were sensitive or prone to outbursts?

In Tokyo one time, John McEnroe thought I should have overruled a call and went and checked on it on the changeover. He said, "You were right. I'm sorry." John was not known to apologize to chair umpires, so I almost fell out of my chair when he did it.

How did you balance a career at the Pentagon with all the traveling and work as a tall-chair tennis umpire?

I took time off, leave without pay, from my job at the Pentagon to go to Wimbledon. Every official has a desire to go to Wimbledon, because that's the cream of the crop as far as tournaments are concerned.

Were you nervous for the McEnroe-Borg title match?

Very. There's 22,000 people in the stands and about 22 million on the TV audience. I walked out on the court with Borg and McEnroe and said to myself, "What am I doing here?" I was prepared for it, though, and it was a lot of fun. CBS, which was televising it, flashed my name and hometown several times on the screen, and I must have had 30 calls when I got back to Panama City, Fla., where I was living, from guys I had served with in Vietnam.

What is a tennis umpire's most important characteristic?

I think conservatism, because you really have to call the ball the way you see it. You can't second-guess your calls on the line or in the chair. One of the most difficult things for me was overruling a call that I thought was incorrect at the time, but unless you see a clear mistake, you don't jump in.

Patience is another virtue that an umpire needs. And, of course, physical condition and eyesight are very important.

McEnroe once said you made the worst call in the biggest match of all time. How did that feel?

That was John's idea, not mine. I concurred with a line official who made the call. That's all you can do, because if you overrule a ball or a call you have to do it immediately, and I wasn't about to do that because the guy was right. I had some good people on my lines for that final match, so I had to go with them.

– Lindsey Alexander

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WAR ON TERROR

Rise of al-Qaeda 2.0?

A new report by the nonpartisan research firm RAND concludes that using the state of core al-Qaeda in Pakistan as a gauge of the movement's strengths (or weaknesses) is "increasingly anachronistic." The report was released weeks before the stunning advances of al-Qaeda-linked terrorists operating under the Islamic State in Iraq and the Levant (ISIS) banner. Among its findings:

- Since 2010, there has been a 58 percent increase in the number of Salafi-jihadist groups, with the number of Salafi jihadists more than doubling between 2010 and 2013.
- Libya, Yemen and Syria represent active sanctuaries/safe havens for Salafi-jihadist groups.
- The war in Syria has fueled the re-emergence of Salafi-jihadist fighters.
- The Salafi-jihadist movement has four tiers: core al-Qaeda in Pakistan, led by Ayman al-Zawahiri; formal affiliates with allegiance to core al-Qaeda (active in Syria, Somalia, Yemen and North Africa); Salafi-jihadist groups that have not sworn allegiance to al-Qaeda but seek to establish an Islamic caliphate/emirate; and "inspired individuals and networks."
- The al-Qaeda franchise based in Yemen continues to "present an immediate threat to the U.S. homeland."

IMMIGRATION

Coming to America

29

Percent of all U.S. immigrants today from Mexico

18

Percent of all U.S. immigrants in 1910 from Germany

11

Percent of all U.S. immigrants in 1910 from the future USSR

5

Percent of all U.S. immigrants today from China

Source: Pew Research Center



FOREIGN AFFAIRS

Putin's hero?

The Russian city of Volgograd was known as Stalingrad for 26 years. As *The Guardian* recalls, "Nikita Khrushchev dropped that name as part of his campaign to dismantle the personality cult of the former dictator." Riding a wave of post-Crimea nationalist sentiment, Vladimir Putin is encouraging the city's residents to hold a referendum to change the name back.

ASK A SERVICE OFFICER

VA offers variety of PTSD treatment services



Cajun Comeau
Department Service
Officer, North Carolina

Q: Are there PTSD treatment options through my local VA?

A: Every VA health-care facility has post-traumatic stress disorder (PTSD) specialists and programs to provide treatment for veterans who suffer from the invisible wounds of war. Treatment services are available for veterans who:

- Completed active military service in the Army, Navy, Air

Force, Marines or Coast Guard (or Merchant Marines during World War II)

- Were discharged under other than dishonorable conditions

- Were National Guardsmen or reservists who completed a federal deployment to a combat zone

VA's PTSD services include education, evaluation and treatment, as well as outpatient and inpatient care. Outpatient PTSD care can be provided by a specialist or in one of the following programs:

- PTSD clinical teams
- Substance use PTSD teams
- Women's stress disorder teams
- Day hospitals

Specialized Intensive PTSD Programs (SIPPs) provide treatment services in an inpatient or residential setting. SIPPs include:

- Evaluation and brief PTSD treatment units
- PTSD residential rehabilitation treatment and domiciliary programs
- Specialized inpatient PTSD units
- Women's trauma recovery programs

SIPPs also provide treatment to address other veterans' needs, including employment, housing and recreation. Some SIPPs offer services for veterans who have experienced military sexual trauma, have a substance use disorder and more. The PTSD programs include evaluation, case management in 24-hour therapeutic settings and psychotherapy treatment personalized to meet veterans' individual needs.

Find a specialized PTSD program online:

www.va.gov/directory/guide/ptsd_flash.asp

Find an American Legion service officer in your state:

www.legion.org/serviceofficers

Do you have a question for Department of North Carolina Service Officer Cajun Comeau about the claims process or veterans benefits in general? Send it to askso@legion.org.

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PERSONAL FINANCE



Five common money misconceptions

FOCUS ON FINANCES



J.J. MONTANARO

Misconceptions abound. Everyone knows diamonds are formed by putting a lot of pressure on coal, right? Apparently not. But surely what I remember learning in elementary school about Lincoln abolishing slavery with the Emancipation Proclamation is true? Nope, that happened a couple of years later with

the passage of the 13th Amendment.

The world of personal finance is home to more than a few mistaken beliefs, too. Here are five I frequently encounter:

■ **Your income affects your credit score.** That's not part of the formula. Lenders want to know you've got money coming in before making a loan or issuing a line of credit, so your income will be considered along with your credit score. The major factors affecting that score are how much you owe, your payment history, account types and activity.

■ **Your pension or military retirement counts as income for IRA contributions.** Don't make an IRA contribution based on income from a pension. I'm not saying you didn't earn the income, but it doesn't meet the definition of what the IRS calls compensation for purposes of making IRA contributions. Alimony counts, nontaxable combat pay counts, but military retirement or other pension or annuity income doesn't.

■ **No debt equals good credit.** While I can certainly understand the perspective of those who swear off the use

of any debt, it's important to note that if you want to use the system, you've got to be in the system. That doesn't mean you need to have a lot of debt, but to have a good credit score and be able to access most traditional lending, you have to demonstrate that you can do it.

■ **Safe is safe.** Nobody wants to lose money in the stock market. But safer alternatives might be exposing you to a different type of risk: inflation. Since I graduated high school 30 years ago, a dollar has lost nearly 60 percent of its purchasing power. Pull that dollar I found tucked in the baseball card box in my mom's basement out, and it's going to buy a whole lot less than it once did. Maybe safe isn't always safe.

■ **A will avoids probate.** Actually, the exact opposite is true. Your will sends you straight to probate. That's not necessarily a bad thing, but if I had a dime for every time someone told me, "I don't have to worry about probate; I've got a will," I'd have a much more extensive estate to pass on to my kids.

Surprised? No worries. Unlike science or history, money management is not a big part of our formal learning. But spread the word.

J.J. Montanaro is a certified financial planner for USAA, The American Legion's preferred provider of financial services. Submit questions for him online.

www.legion.org/focusonfinances

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Lions of Fort Lyon, Fort Lyon, Colo. Chartered April 22 (16 members)

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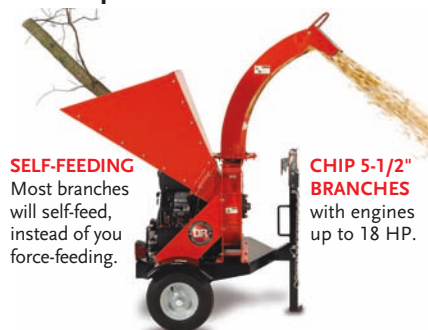
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HONOR & REMEMBRANCE

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American Veterans Disabled for Life Memorial

On Oct. 5, the American Veterans Disabled for Life Memorial will be dedicated in Washington, with American Legion representatives on hand.

Inspired by philanthropist Lois Pope and authorized by Congress in 2000, the 2.4-acre triangular site is bounded on the west by 2nd Street and on the east by Washington Avenue. The memorial is adjacent to Bartholdi Park with a clear view of the Capitol.

The Disabled Veterans' Life Memorial Foundation coordinated the project, which honors the nation's permanently disabled veterans, both living and deceased. This required a special amendment to the strict standards of the U.S. Commemorative Works Act, which limits memorials honoring "individuals or groups of individuals ... until after the 25th anniversary of the death of the last surviving member of the group."

The United States has more than 4 million living disabled veterans. While

the memorial does not feature individual names, it is the first national memorial "designed to pay tribute to all disabled veterans, past, present and future, who have served or will serve in our nation's military forces," according to the memorial's website.

The American Legion passed a resolution supporting the memorial in 2009. The capital campaign was completed in November 2012, and construction began last summer.

The dedication ceremony, which is free and open to the public, begins at 11 a.m. While there is no assigned general seating, registration is required and will be open until event capacity is reached. A maximum of four guests can be registered at a time.

Learn more about attending the American Veterans Disabled for Life Memorial's dedication:

 www.avdlm.org/dedication

HISTORY

Operation War Diary

An army of 10,000 amateur historians is helping the British government organize, sort and make accessible thousands of digitized World War I records, including photos, diaries and documents maintained by the British army fighting on the Western Front during the Great War. A dedicated website of the British National Archives reports that 1.5 million pages of war diaries need to be sorted.

"We need your help to reveal the stories of those who fought in the global conflict that shaped the world we live in today," the website declares.

As Fox News reports, "Operation War Diary" is a joint effort of the British National Archives, the Imperial War Museum and the crowdsourcing website Zooniverse. The 10,000 volunteer historians hail from around the world and are tagging names, locations, geography, weather conditions and other key details described in the digitized diaries.

"Ranging from cover pages to maps to narrative reports, the diaries are



Getty Images

catalogued by theater of operations, unit and dates," Fox reports. "Once completed, all of the data produced ... will be available for free."

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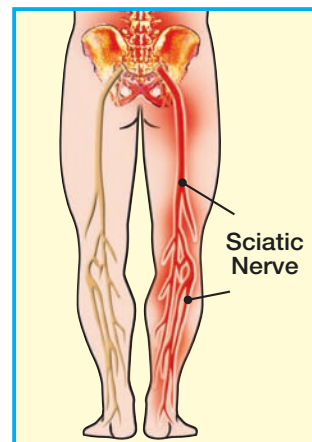
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CAREERS



Be smart and social in your job search

A job search is tough, competitive and frustrating. You apply for position after position, only to get the typical “thanks-but-no-thanks” email or no response at all. Others get a first, second or third interview but don’t get the offer.

There is a job out there for you, and here are six ways to help you find it faster:

Do not waste time responding to online job postings. This creates the illusion of productivity and is generally not how people land jobs. If you find a job for which you’re a perfect fit, go ahead and post. Otherwise, use your time more wisely.

Focus your efforts on online and offline networking. There is still no better way to find a job than networking, particularly second- and third-tier contacts. The people you know directly are first tier, but most won’t have opportunities. What you want to know from them is who they know (second tier), and who they in turn know (third tier).

Get on LinkedIn. If you’re not on LinkedIn, you don’t exist. Do your profile now and do it well, being certain to integrate as many relevant keywords as possible since recruiters use keywords as the No. 1 tool to identify qualified candidates.

Join LinkedIn groups. Join groups focused on industries and professions relevant to your goals. Read posts and find members who you want to know. Then join the conversation, share insights and start building your online identity. You can even invite group members to connect directly, expanding your first-degree contacts.

Use other social media channels. You may consider Facebook, Twitter, Google+ and others. A lot of networking is happening on those sites. There are specific job search functions, and they can be valuable for some.

Write thank-you letters. Less than half of job seekers do it. They’re missing a great opportunity to get their names in front of hiring managers, share more achievements, overcome obstacles and position themselves as the candidate.

Wendy Enelow is co-author of “Expert Résumés for Military-to-Civilian Transitions” and “Expert Résumés for Career Changers.”

VERBATIM

Back when I was a young pilot growing up in the ‘80s and ‘90s, we used to make fun of the Soviet Union because they only flew 100 to 120 hours a year. That’s what our pilots are flying now. It’s pretty startling. We’d like to fly them twice that.”

Gen. Herbert “Hawk” Carlisle, newly assigned chief of Air Force Combat Command, on the force’s shrinking budget and struggle to replace aging planes



DEFENSE

Unprotected

The Asia-Pacific region will be left unprotected by a U.S. aircraft carrier for some 130 days next year, The Hill reports. The gap will occur between USS *George Washington*’s departure from its base in Japan and the arrival of USS *Ronald Reagan*.

“Symbolically, the worst thing we could do around the globe is to take one of those carriers out,” Rep. Randy Forbes, R-Va., said. “We really need two or three carriers there.”

The looming carrier gap is largely a function of the defense cuts brought about by sequestration.

EDUCATION



How to upgrade your military discharge

Q: I was told before I got out of the military that I would have education benefits under the Post-9/11 GI Bill. I only qualify for 80 percent of benefits, so I tried to apply last year. Unfortunately, I was denied because I was discharged under other than honorable

conditions. How do I upgrade my discharge to honorable?

A: To upgrade your discharge, you must complete a DD Form 293 – Application for the Review of Discharge or Dismissal from the Armed Forces of the United States – and mail it to the address on the back of the form. The board will upgrade your discharge only if you can prove that it is inequitable or improper. You can do this by providing evidence supporting your case, including signed statements from you and other witnesses or copies of records.

Valerie Heffner is a Marine Corps veteran and member of American Legion Post 27 in Arizona. askvalerie@legion.org

TECHNOLOGY

Screen cravers

A survey of technology consumption/usage in 30 nations reveals that the average viewer spends 6 hours and 50 minutes a day in front of various devices (including smartphones, tablets, TVs and PC monitors).

| Country | Hours viewing per day |
|---------------|-----------------------|
| Indonesia | 9 |
| Philippines | 8.85 |
| China | 8.7 |
| Brazil | 7.9 |
| Vietnam | 7.7 |
| United States | 7.4 |
| Nigeria | 7.38 |
| Colombia | 7.28 |
| Thailand | 7.26 |
| Saudi Arabia | 7.2 |

Italians, at 5 hours and 17 minutes, consume the least screen-display time.

Source: The Daily Mail



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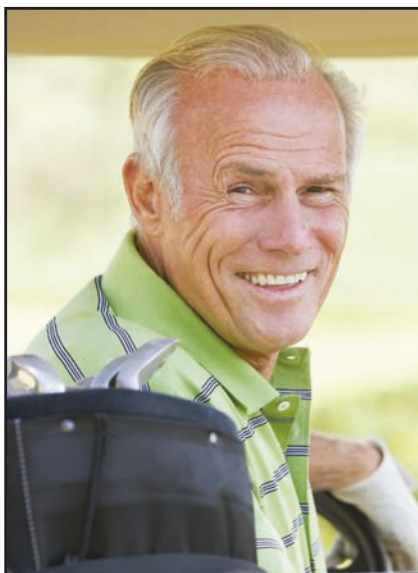
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How to submit a reunion

The American Legion Magazine publishes reunion notices for veterans. Send notices to **The American Legion Magazine, Attn: Reunions, P.O. Box 1055, Indianapolis, IN 46206**, fax (317) 630-1280, e-mail reunions@legion.org or submit information via our website, www.legion.org/reunions.

Include the branch of service and complete name of the group, no abbreviations, with your request. The listing also should include the reunion dates and city, along with a contact name, telephone number and e-mail address. Listings are publicized free of charge.

Your notice will appear on our Web site within a week and will remain available online until the final day of your reunion. Upon submission, please allow three months for your reunion to be published in print. **Due to the large number of reunions, The American Legion Magazine will publish a group's listing only once a year.**

Notices should be sent at least six months prior to the reunion to ensure timely publication.

Other notices

"In Search Of" is a means of getting in touch with people from your unit to plan a reunion. **We do not publish listings that seek people for interviews, research purposes, military photos or help in filing a VA claim.** Listings must include the name of the unit from which you seek people, the time period and the location, as well as a contact name, telephone number and e-mail address. Send notices to **The American Legion Magazine, Attn: "In Search Of," P.O. Box 1055, Indianapolis, IN 46206**, fax (317) 630-1280 or e-mail reunions@legion.org.

The magazine will not publish names of individuals, only the name of the unit. Listings are published free of charge.

Life Membership notices are published for Legionnaires who have been awarded life

memberships by their posts. **This does not include a member's own Paid-Up-For-Life membership.** Notices must be submitted on official forms, which may be obtained by sending a self-addressed stamped envelope to **The American Legion Magazine, Attn: Life Memberships, P.O. Box 1055, Indianapolis, IN 46206.**

"Comrades in Distress" listings must be approved by the Legion's Veterans Affairs & Rehabilitation division. If you are seeking to verify an injury received during service, contact your Legion department service officer for information on how to publish a notice.

To respond to a "Comrades in Distress" listing, send a letter to **The American Legion Magazine, Attn: Comrades in Distress, P.O. Box 1055, Indianapolis, IN 46206.** Include the listing's CID number in your response.

"Taps" notices are published only for Legionnaires who served as department commanders or national officers.

AIR FORCE / ARMY AIR FORCES

18th Ftr Wing, Montgomery, AL, 10/16-18, Tom Chapman, (303) 794-3747, chapman7039@comcast.net; **307th AMS (Utapao Air Field, Thailand, 1973-1974)**, Norfolk, VA, 9/6, Emanuel Swindell, (757) 754-9026, eswindell1@cox.net; **485th Tact Missile Wing (Florennes AB, Belgium)**, Nashville, TN, 5/22-25, Steve Lampley, (615) 898-0767; **B-66 Destroyer Assn**, Branson, MO, 10/15-19, John Milam, (254) 845-1310, jimmilam@aol.com; **Radar Sites Iceland - 667th, 932nd, 933rd & 934th AC&W Sqdns**, Dayton, OH, 6/1, William Chick, (803) 422-9486, littlechick@msn.com; **USAF Sec Police Assn**, Seattle, 9/17-21, John Probst, (888) 250-9876, jprobst@msn.com; **USAF Vietnam Sec Police Assn**, Shreveport, LA, 10/8-12, Pete Piazza, (405) 921-8900, wpiazza@aol.com

ARMY

1st Bn 69th Armor, Auburn, IN, 10/2-5, William Savidge, (419) 348-7811, wfsav@aol.com; **2nd Inf Div (Florida Vets)**, Titusville, FL, 10/17-19, Mike Davino, (919) 498-1910, 2ida.mail@charter.net; **65th Cbt Eng Bn**, Pigeon Forge, TN, 10/26-31, Ken Dixon, (706) 260-5661, ken_dixon49@yahoo.com; **549th MP (Panama, 1973-1975)**, St. Louis, 9/12-14, Tony Bianchi, (518) 399-7067, abianchi@dasny.org; **599th FA/Armd FA**, Eugene, OR, 4/16-20, M. Marek, (713) 468-6520, mari9999@att.net; **ASA Baumholder, Germany, 8611**, Philadelphia, 10/5-9, Bob Sperling, (315) 866-4325, rasperli@twcny.rr.com; **ASA Korea**, Frankenmuth, MI, 9/15-18, Bob Rudolph, (269) 789-2860, webmaster@asakorea.org; **Ozark Nat'l Guard Charlie Btry**, Ozark, AR, 9/27, Sonny Williams, (479) 667-4451, cvso-franklincounty@live.net

JOINT

Bien Hoa AB, Branson, MO, 6/11-13, Buddy Tate, (336) 227-7869, tate4224@bellsouth.net

MARINES

2nd Bn 1st Mar, Charleston, SC, 11/6-11, Mario Sagastume, (530) 521-3298, choncho0331@sbcglobal.net; **26th Mar 2nd Bn**, Charleston, SC, 9/18-22, Sonny Hollub, (512) 825-4730, sonnyusmc@gmail.com; **Basic School Class 1-68 A Co (Quantico, VA, June-Nov 1967)**, Fredericksburg, VA, 4/28-5/4, Richard Kurth, tbs1dash68@gmail.com; **Basic School Class 1-77 Alpha Co**, Quantico, VA, 6/18-21, David Westmeyer, (502) 767-8034, dwstmyr@gmail.com; **Mar Bks (Sasebo, Japan)**, San Diego, 10/7-9, James Abraham, (949) 951-3824, a-abraham@sbcglobal.net; **Marines of Long Ago (All Eras)**, St. Augustine, FL, 10/21-24, Joe "Red" Cullen, (903) 877-0846, aircooledmg7@aol.com

NAVY

Barry DD 933, Virginia Beach, VA, 10/30-11/2, Larry Loss, (281) 530-1122, larrydd933@yahoo.com; **Belknap DLG/CG 26**, Portland, ME, 10/22-26, Christine Maloney, (704) 603-8526, webtech@ussbelknap.org; **C.F. Adams DDG 2**, Branson, MO, 4/19-24, Richard Harmon, (386) 235-8723, dharmonlpga1@aol.com; **Cabot CVL 28 (Crew, Air Grps & Mar)**, Mystic, CT, 10/9-13, Ron Davis, (860) 536-1835, cvt28rgd@hotmail.com; **Chewaucan AOG 50**, Virginia Beach, VA, 10/15-19, Ruth Petell, (518) 794-8490, rpetell@yahoo.com; **Elokomin A-55**, Myrtle Beach, SC, 9/23-26, Wayne Chase, (985) 518-0555, mmchase2@cox.net; **Frank E. Evans DD 754**, Seattle, 10/1-4, John Coffey, (706) 335-0724, johnjudyc@gmail.com; **Jason ARH 1 & AR 8**, Branson, MO, 6/8-12, Steve Brunette, (360) 385-3306, tarboo@cablespeed.com; **Leary DD/DDR 879**, Tampa, FL, 9/17-21, Arthur Porter, (210) 386-9492, apschief60@att.net; **Norris DD/DDE 859**, Savannah, GA, 9/25-28, Ed Mehl, (302) 541-0685, emehl@mcchi.com; **Pocono AGC/LCC 16**, Branson, MO, 10/14-18, Jack Myers, (765) 210-1662, jmyers1064@aol.com; **Providence CLG 6/CL 82**, San Diego, 10/8-12, Jim Chryst, (717) 284-6996, jchryst@embargmail.com; **Rainier AE 5**, Norfolk, VA, 10/14-16, Bill Welch, (918) 386-2449, scrapped1@live.com; **Tatttnall DDG 19**, Branson, MO, 4/19-25, Richard Harmon, (386) 235-8723, dharmonlpga1@aol.com; **West Virginia BB 48**, San Antonio, 9/26-28, Anthony Reiter, (651) 483-8627, mike@usswestvirginia.org

IN SEARCH OF

2nd Bn 35th Arty Svc Btry (Vietnam, 1966-1967), Larry Mayfield, (573) 238-3294
8th Div 61st Inf Med Co (Camp Carson, CO, 1954-1955), Tom Weirich, (512) 793-2408, freitag3232@gmail.com

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8th Div Softball & Basketball Teams (McCully Bks, Wackernheim, Germany, 1964-1965), Jimmie Brooks, (815) 409-9922, jbcad341@aol.com

8th TFS 49th FW "Black Sheep" (1966-1970), James Braswell, (775) 230-8006, jbcconsulting aviation@gmail.com

18th Abn Corps HQ & Attached Units (Dominican Republic, 1965-1966), David Millendorf, (352) 684-3925, davidmillendorf@aol.com

65th Co (OC) Class 21-67 (Fort Benning, GA, Sept 1966-Apr 1967), Richard Amme, (856) 546-6892, richard_amme@hotmail.com

74th Ord Co (SD) & 61st Ord Grp Baseball Team (Fort Bliss, TX, Jan 1962-Aug 1964), Kenneth Ruben, (412) 341-8455

129th Seabees (WWII), Leland Workman, 1824 SE 36th Terrace, Topeka, KS 66605

187th Abn Glider Inf & 77th Inf Div, Liberty Patch (Leyte & Philippines, Aug 1945-Sep 1946), Jack Inserra, (201) 575-0275, inserraj@optimum.net

258th Sig Co Const 304th Sig Bn (Korea, 1965-1966), Mike Guerin, (347) 613-2736, key421@aol.com

315th Inf 80th Div (Battle of the Bulge), Herbert Hammen, herberth@iowatelecom.net

385th MP Bn B Co (Wharton Bks, Heilbronn, Germany, 1967-1969), Ted Landgren, (218) 927-3124, teddy_l@rocketmail.com

408th Cbt Support Sqdn (Kingsley Field, Klamath Falls, OR, 1966-1969), David Roberts, P.O. Box 1231, Golden, CO 80402

509th Radio Research Comm Unit Vietnam (RRCUV), W. Paronto, (562) 402-3188, paronto@msn.com

2063th Comm Sq/Grp HQ USAFE (Lindsey Air Stn, Wiesbaden, Germany), John Cheever, (309) 531-8406, johncheever47@gmail.com

Bomarc Missile Maint/Electronics (1960-1972), Ron Morrisette, (972) 530-4647, ronmorr1@verizon.net

C Btry 194th FA Bn 6th Corp A (Africa, Middle East & Central Europe, 1943-1946), Harry Kainarol, (727) 384-9195

Det 4 38th ARRS (Korat, Thailand, 1969-1970), Curt Folska, (715) 271-4414, cefolska@chipvalley.com

HHC 554th Eng Bn (Lai Khe & Bao Loc, Vietnam, 1970-1971), Stan Moore, (303) 929-7802, stan338@gmail.com

LSMR 524 (WWII), B. John Heetderks, P.O. Box 45, Manhattan, MT 5974

Minuteman Missilemen Maint (1970-2014), Ron Morrisette, (972) 530-4647, ronmorr1@verizon.net

Plt 310 Q Co (Parris Island, SC, July 1958), William Davis, (585) 593-3618

RAF Bruntingthorpe (All Units, Leicestershire, England, 1957-1962), Jack Williams, (812) 948-6251, joycejack@sbcglobal.net

TAPS

Donald D. Daft, Dept. of Texas. Dept. Cmdr. 2009-2010 and Nat'l Sec. Cncl. Vice Chmn. 2006-2010.

Robert E. Frank, Dept. of Utah. Dept. Cmdr. 1998-1999, Nat'l Americanism Cncl. Memb. 2006-2014 and Nat'l Sec. Cncl. Vice Chmn. 1997-2006.

Vinton R. Guy, Dept. of Colorado. Nat'l Vice Cmdr. 1989-1990, Dept. Cmdr. 1976-1977, Nat'l Americanism Cncl. Vice Chmn. 1973-1975, Nat'l Homeland Security & Civil Preparedness Cmte. Memb. 1975-1978, and Nat'l Foreign Relations Cmsn. Memb. 1978-1989 and 1990-2008.

Roger L. Wild, Dept. of Nebraska. Nat'l Vice Cmdr. 1996-1997, Dept. Cmdr. 1981-1982, Nat'l Exec. Cmte. Alt. Memb. 1984-1988, Nat'l Americanism Cncl. Vice Chmn. 1992-1996, Nat'l Americanism Cmsn. Nat'l Cmdr.'s Rep. 1997-2013, Nat'l Citizens Flag Alliance Dept. Chmn. 1997-2000, Nat'l Cmsn. on Children & Youth Liaison Cmte. Memb. 1989-1990, Nat'l Distinguished Guests Cmte. Vice Chmn. 1982-1987, Nat'l Veterans Employment & Education Cmsn. Liaison Cmte. Memb. 1988-1989, Nat'l Exec. Cmte. Memb. 1988-1992, Nat'l Public Relations Cmsn. Liaison Cmte. Chmn. 1990-1992 and Nat'l Veterans Affairs & Rehab. Region 6 Memb. 1987-1988.

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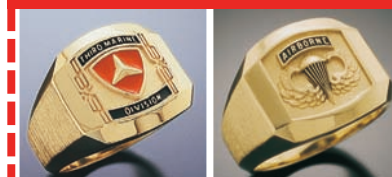
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She was only a whiskey maker, but he loved her still.

A MOTHER asked her daughter, “Did you thank Mrs. Porter for the lovely party she gave?”

“No,” the little girl replied. “The girl right in front of me thanked her and she said, ‘Don’t mention it,’ so I didn’t.”

A ZOOKEEPER found a new employee in front of the lion’s cage, looking uneasy.

“Didn’t I tell you,” the keeper asked, “that when a lion wags its tail, it’s friendly?”

“Yes,” the employee said, “but he was roaring and wagging at the same time. I don’t know which end to believe.”

A NEW FOOTBALL MOM was talking to a friend.

“I hear your son made the team,” the woman said. “What position does he play?”

“I think he’s one of the drawbacks.”

DOGS HAVE OWNERS. Cats have staff.

A BASEBALL COACH sat down to talk to one of his players. “Do you understand what cooperation is?” he asked. “What a team is?”

The boy nodded.

“Do you understand that what really matters is that we play together as a team?”

Again the boy nodded.

“So,” the coach continued, “when a strike is called or you’re out at first, you don’t argue or curse or attack the umpire. You get all that, son?”

The boy nodded a third time.

“Good,” the coach said. “Now go over there and explain it to your mother.”



“I don’t care. We’re not seating them.”



*“Put you in the house, you barely move.
Put you in a car, 12 speeding tickets in a week.”*

TWO PEOPLE on a blind date were having a horrible time. Fortunately, the man had arranged for a friend to call so he’d have an excuse to leave.

When he returned to the table, he lowered his eyes, put on a grim face and said, “I have some bad news. My grandfather just passed away.”

“Oh, good,” the woman replied. “If yours hadn’t, mine would have had to.”

A FRIEND asked a new father, “Why did you decide to name your baby Bill?”

“Because,” the father replied, “he came on the first of the month.”

“HILLARY CLINTON said she may not run for president because she loves having time to hang out with her friends. Thankfully, most of her friends live in Iowa, New Hampshire, Ohio, Florida and the great state of Pennsylvania.” – Seth Meyers



ACTOS® AND DIABETES PATIENTS



ACTOS®, also known as pioglitazone, is a medication prescribed for Type II Diabetes, manufactured by the Japanese company Takeda Pharmaceutical Company. Takeda began a 10-year epidemiological study to determine the safety of Actos®. During the five-year interim analysis of the study in **August 2011**, the results found that there was a **40% increased risk of bladder cancer**.

The U.S. Food and Drug Administration (FDA) has issued a warning to all physicians prescribing Actos®. The FDA is also aware of a recent epidemiological study conducted in France, which suggests an increased risk of bladder cancer with pioglitazone. Based on the results of this study, France has suspended the use of pioglitazone and Germany has recommended not to start pioglitazone in new patients.

If you, a family member, or a loved one has bladder cancer and has ACTOS®, you may be entitled to compensation. Please **contact the Branch Law Firm**, a well-known national law firm that has been in business over 45 years, for a **free initial interview** and **consultation**.

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GranuFlo Recall

In June 2012, the US Food and Drug Administration (FDA) issued a Class I recall of GranuFlo Dry Acid Concentrate and Naturalyte Liquid, a dialysis product used in the treatment of acute and chronic renal (kidney) failure during hemodialysis. **Class I recalls are used for dangerous or defective products that may cause serious health problems or even death.**

GranuFlo, manufactured by Fresenius Medical Care, has been found to contain far more acetate than rival products, resulting in elevated bicarbonate levels – a significant risk factor for cardiac arrest in dialysis patients.

If you or a loved one has experienced a cardiac event, stroke, or death following the use of GranuFlo, then you may be entitled to compensation. The Branch Law Firm, a nationally known law firm, is handling these types of cases and specifically representing clients on a national basis regarding GranuFlo. Call for a confidential interview, **1-800-828-4529** or **1-800-243-3545** and visit our website at **www.branchlawfirm.com**.

Turner W. Branch, a principal and senior partner of the Branch Law Firm, retired as a 1st Lieutenant in the United States Marine Corps in 1968. He served on active duty in Camp Pendleton, California and at the Marine Corps Air Facility (MCAF) in Santa Ana, California. While at Camp Pendleton he served with the Second Battalion, Fifth Marines, First Marine Division (FMF) USMC.

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